injury, or other troumotic event, th

morked or Item 18 sho

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	.)	
U	REG	NO.

0 8 9 0

						KEG NO	J		
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH .	DAY YEAR	26 HOUR
À	- 19	MARY	ELEANOR	AE	BEL	Apri	1 10	1982	3:09A M
}·	3. SE)	(4 RACE	5. DATE (& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
		FEMALE	WHITE	AUG	UST 6, 1900	81	YRS	MONTHS DAYS	HOURS MIN.
9	a Bit	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
S		IARYLAND	USA	WIDOWI	D NEVER MARRIED DIVORCED	Baltimore	City	v	MD.
2	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION						OF BUSINESS OR
		Baltimore	Maryland Ge	Maryland General Hospital TYPIST					ANCE CO,
1	13o. S	TATE MD.	OR OTHER INSTITUTION GIVE RESIDENCE BI INTY 13t CITY OR T BALTIN	OWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 529 EAST	41st	ST.	
	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA				
		JOHN	BRADLE		ELIZABL			WHATMO	
Ì		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS		
H		NO	220-14-	-3913	FREDERICK J	. ABEL 529 1	EAST	41st ST	•
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE Seps DUE TO, OR AS A CONSE	OUENCE OF	ephritis, Righ	nt Kidnev			y a
	-	PART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTING				10140171	VEAL BU DADY 1	
	NO		eobronchitis Wi				JIIION GI	VEN IN PART III	D
,	CATI	190 DATE OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY?		S, WERE FINDIN	
	CERTIFICATION					YES T NOT		FYING CAUSES	OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE FARM, ETC)	211 LOCATION STREET	CITY OR TO	MM	COUNTY	STATE
			April 10,	March	$\frac{122}{1982}$		O. ite and ho	yr and from the	that (** (we) last causes stated
	3	22b. SIGNATURE	- ammley		MO ATTENDING PHYSICIAN	MEDICAL STAF	F IAN D	27c. DATE	SIGNED

should be detached for use as the buriol-tronsit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation. TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT If hem 21 is DHMH · 16 50M 1/81 (VRA 15, 4)

ATTENDING PHYSICIAN: The offending physician

hospitol

BURIAL 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL 23b. DATE APR.14.1982

231. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM.

23d. LOCATION BALTIMORE BYREGISTRAN JOZ

General Hospital

Robert Ammlung, M.D.

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

22e. ADDRESS

c/o Maryland

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STATE OF MARYLAND

21030

Harford

REGISTRAR 256 REGISTRAR SIGNATURE

Md.

1 - FOR STATE REGISTRAR			OF HEALTH AND TIFICATE OF		ENE 8 2 REG. N	0 8	9 () 9
DECEASED NAME	ENRIETTA	MIDDLE	ABELL	1,000	20 DATE OF DEATH 4/21/82	MONIH DAY-		HOUR P
. SEX	4 RACE	5. DA	TE OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY) IF U		UNDER 24 MRS
Female	Whit	e "	7 21 DAY	1.891	90	YRS.	HS DATS HO	DURS MIN.
BIRTHPLACE (STATE OR FO COUNTRY) IO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	U. S.		RRIED NEVER	MARRIED	Baltimore CITY O	re Cit		MD.
Baltimore		H FACILITY, GIVE STREET ADDRESS)		Housewife	OF WORKING LIFE)	Homemak	
JOUAL RESIDENCE (IF NURSI) 30. STATE Md FATHER'S NAME FIRST James	Harford	GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN ROTEST Hill LAST	13d. INSIDE O		MIDDIE	ps Mill W	ible Ast	
60 WAS DECEASED EVER I	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY N 215-74-2264			ADDR 0ell,1920 F	hilips		
conditions, if any, gove rise to imm couse (o), stoting underlying couse	ediate the lost DUE TO, O	2///2/01	SCCE VASC	ROTI		ASE		L AND DEATH
190 DATE OF OPERATI	CONIC	CONCE	57/V	G H	200 AUTOPSY?	20b. IF YES, WI	ERE FINDINGS G CAUSES OF	USED DEATH?
OR CONTRIBUTING C	AUSE OF DEATH HOUR A.	m. Month day ye m.	AR 19		D (ENTER NATURE OF INJU		4	
21d. INJURY OCCURRI	E OME S	OF INJURY EET, FACTORY, OFFICE, FARM, ETC	2/26/7		city or to 4/21/	82 19_	COUNTY	STATE
sow the decrees obove, (I) verild	dyddy nouwr the body	ofter death. 19	DEGREE) (our) opinion de	eoth occurred on the d	ote and hour and	d from the cou	4 4 7

22e ADDRESS

St. Marys R. C. C.Cem Pylesville

230 NAME OF CEMETERY OR CREMATORY

50 Scott Adam Road Cockeysville, Maryland

retained by the haspital or attending physician.

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the flushould be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

NAME ITHE OFFINIT

E s

230 BURIAL, CREMATION, REMOVAL SPECIFY Burial

.Rivera, M.D.

23b. DATE 4-24-1982

DHMH - 16 50M 1/81 (VRA 15, 4)

F-O E 8 O E The second secon O.C.P. DHILLER DESC X . . . CONTRACTOR DESCRIPTION The professional and the profession of the profe contraction, at 15 years

8	1 - STATE REGIS
(man)	1. DECEASED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 2 REG. NO.

0 8 9 1.0

	REGISTRAR				CEKIII	ICATE OF DEATH	REG. N	10.	0 /	
	CEASED NAME	FIRST	^	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	25 HOUR
1177		NYA	Miche	elle	AREI	т		4/26	182	645PM
3. SE			I. RACE		5 DATE		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
F	'emale	-	White		Aug	16,1978	3	YRS.	4 10	HOURS MIN,
	RTHPLACE (STATEORE	OREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ryland		U.S	. A.	WIDOW	ED DIVORCED	BALTIMO	RE CI	TY	MD.
.10. C	ITY OR TOWN OF DEA	ATH 1			G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
	Baltimore		HE JOI	HIS HOPE		HOSPITAL	None None	OF WORKING LIFE	E) INDUSTRY	
Ma :	AL RESIDENCE (IF NORS STATE LTYLAND	ING HOVE OR O	TY YI	Isc. CITY OR TOW New Wir	ndso:	13d INSIDE CITY LIMITS? YES NO K	3628 Fr	ankli	nville	e Rd.
14. FA	THER'S NAME	A	UDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME _MIDDLE			
	David		ott	Abell	L	Diann	Lu		Pat	ton
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	None		D.Scott Abe	ell, Same	As #	13	
CERTIFICATION		which nediate g the last	DUE TO, OF	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO D	NCE OF HCHU NCE OF	c 1		20b. IF YES	BN IN PART I	o NGS USED
RTIF							YES X NO	YES		NO A
MEDICAL	21a. ACCIDENT WAS UNIT OR CONTRIBUTING [] LIF EITHER. NOTIFY MEDIT 21d. INJURY OCCURE WHILE NOT WHAT WORK A WO! 22a. I certify that (I) say the decease obave, (I) (we) (c) 22b. SIGNATUR 22d PHYS. L. AN'S NA	CAUSE OF DEAT CALEXAMINER) RED THE CALEXAMINER (this hospite cd alive an_ did) (did not) AME (TYPE OR	P./ 21e PLACE ((AT HOME STR DI) ottended the YEAR THE BODY View the body	M. MONTH DAM. OF INJURY EET, FACTORY, OFFICE FACTORY e deceosed from 19	24/	216 HOW INJURY OCCURR 211 LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	city or 10 to	dote and hour	COUNTY	that (I) (we) last couses stated
23a. E	SPECIFY) Cremation,	tion	4-28-			ity Process	Catonsv	ille.	Balto	. Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health (MPORTANT: If them 21 is mark

TO HOSPITAL OR ATTENDING PHYSICIAN: The

24 FUNERAL DIRECTOR
Charles W. Burrier, Jr., Sykesville, Md.

Security Process Catonsville, Balto., Md.

Security Process Catonsville, Balto., Md.

25 Date Rec D. By Registrar 25 Tegistr Resignature

Sville.Md.

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and 2 should be filed wit completely filled in by the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and ci should be detached for use as the buriol-transit permit. Then please remove carban popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the d FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	0	8	9	1
REG. NO.	0	4		1

REGISTRAR						REG.	NO.		
1. DECEASED NAME	FIRST	MIDDL		i.	AST	2a. DATE OF DEATH	HTHOM	DAY YEAR	26 HOUR
	James	M.		Ab	erts	Ap	ril 19	, 1982	5:03P M
3. SEX	4 RAC	E		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		White		Sep	t. 27 1921	60	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR F	DREIGN 76 CIT	IZEN OF WHA	T COUNTRY?	8	97	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Pathiry)		U.S.		WIDOWE		Baltimo	re Cit	У	MD.
10 CITY OR TOWN OF DEA			ITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
Baltimore	M	aryland	Gener	al Ho	spital	Security	Gaurd"	Pink	erton
130. STAJE Md.	OR OTHER I		RESIDENCE BEFORE Baltino		13d INSIDE CITY LIMITS?	133475 Cres	well Ro	. 2122	5
4 FATHER'S NAME					15. MOTHER'S MAIDEN NA				
) James	Moon.		Aberts	Sr	Anna	WIDD!		Ster	mer
60 WAS DECEASED EVER			SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
NO	(IF YES, GIVE WAR O		5-18-33	345	Catherine R.	Aberts (same as		15.27
18. CAUSE OF DEATH	(Enter only one	couse per line	or (a), (b), and	dici l				APPROX	MATE INTERVAL ONSET AND DEATH
173 4 Conditions, It ony,	MMEDIATE CAU	SE (a)	A CONSEQUE	-	Carcinoma of	Head and 1	Neck		
gave rise to imm couse (a), stating underlying cause	ediote	(D)	a conseoue	NCE OF	Possible Seps Consequence o	is due to			
	IFICANT CONDI	TIONS CONTR	BUTING TO D		NOT RELATED TO THE TERM			EN IN PART 1	0,
19a DATE OF OPERAT	ION 19	b. CONDITION	FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDII	
Ĭ.						YES NOT	IN CERTIF	YING CAUSES	OF DEATH?
		b. TIME OF IN.		Y YEAR	21c. HOW INJURY OCCURR	1.			NO []
GIF EITHER NOTIFY MEDIC		P.M.		19					
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	1.0	PLACE OF IN	NJURY ACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
220.1 certify tho XX			. 11	Apri	1 17 10 82	A == = =	19	19 82	
sow the deceose obove, (Kwe) (d				-	d that in Xy) (our) apinion o	, toApri leath occurred on the		,	that (X (we) last couses stated
226. SIGNATURE	a rota not i view	ine body direct	acom.	[DEGREE			22-DATE	SIGNED
gat,	Depens	men /	nD		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN D	4-1	9-82
22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			100	22e ADDRESS		114		
Pat De	tamore,	M.D.			c/o Marylan	d General	Hospit	al al	
30 BURIAL, CREMATION, F		DATE /OO	23c. N		EMETERY OR CREMATORY	23d LOCATION CITY OR LOWN		COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

Entombment 4/22/82 Cedar Hi: 24 FUNERAL DECOR BALTO., Md. 21225 George J. Gonce F.H. 4001 Ritchie Hgwy.

Cedar Hill Cemetery

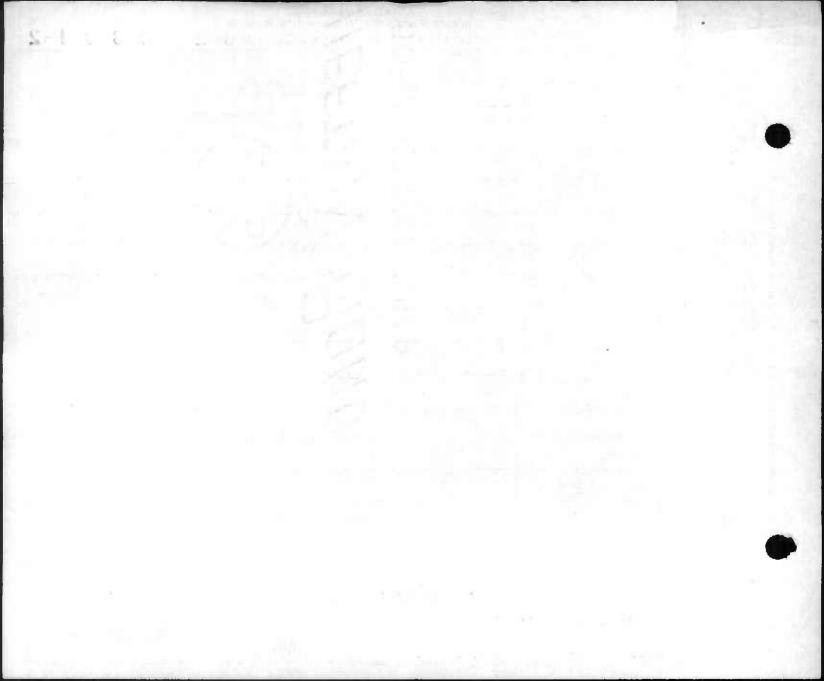
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STATE OF MARYLAND



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	0.	0	8	9	1	
-0-	DEATH		- 9	0.7			_

REGISTRAR		CERTI	ICATE OF DEATH	REG. N	0	0 7	1 3
. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONH 9	AT OZHEAR	25 HOUR
(LYPE OR PRINT) ELSIE		Acke	ermann		4 - 9-	82	11 55 A M
3 SEX	4 RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BII		F UNDER I YEAR	IF UNDER 74 HRS
Female	White	10 noni	1 04 YEAR	77	YRS	ON HS DATS	HOURS MIN.
C. BIRTHPLACE (STATE OF FOREIGN	75 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY		OF DEATH	
Md.	U.S.A.	WIDOW	D NEVER MARRIED	BALTO. CI	TY		MD.
O CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND C	DE BLISINESS OR
BALTO. CITY		MEMORIAL H	OSPITAL	Factory V		R7 4	enetian
USUAL RESIDENCE (IF NURSING HOME (130. STATE Md.	INTY 13c. C	sidence before admission; ITY OR TOWN Balto.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3207 Ches	sterfi	ield <i>A</i>	Ave.
4 FATHER'S NAME		170,177	15 MOTHER'S MAIDEN NA	ME			
Christopher	WIDDLE	Seal	Sarah	WIDDLE	Ţ	Jnknov	vm
60 WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17. INFORMANT	ADDRI			-
NO (IF YES, G	IVE WAR OR DATES) 21	4-22-4780	Matilda Lov	ve 3621 Fr	rankfo	ord Av	ve.2121
18 CAUSE OF DEATH (Enter of		and the second con-					MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (o)	CONSEQUENCE OF	MPHOCTTI	C LBURE	4112		405
Conditions, if any, which	(b)						
gove rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF					
underlying couse last	(c)						
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	a
VONE 190. DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJU	100	Tan manual and a second	YES NO Z	YES		№ □
	EATH HOUR A.M. A	MONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAI	RT I OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P.M. 21e PLACE OF IN:	IURY	211 LOCATION				
WHILE AT WORK AT WORK		TORY, OFFICE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this hosp	oital) ottended the plece		1/1 19/2		17	0 82	that (f) (we) lost
sow the deceased olive o obove, (1) (we) (did) (did n		19 8 2 a	nd that in (my) (aur) apinion	death occurred on the	ate and hour	and from the	causes stated
22b. SIGNATURE	Low		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c DATE	SIGNED
22d. PHYSICIAN'S NAME (TYPE		LOTY	22e ADDRESS 201	E. UNIVERSI	3	Y	1/ 5
30. BURIAL CREMATION, REMOVA	L 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Rumial	1. 12 82	Holar D	odoomon	Pa 7 + 0 C	:+ M	KINDOS	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and complete should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remayol.

injury, or other troumatic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

Burial 14-13-82 Holy Redeeme PA FUNERAL DIRECTOR 3331 Brehms Lane 21213 Schimunek Funeral Home Inc. Balto.Md

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN.

APR 12 1982 Zances

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injury, or other troumotic event, the medical

STATE OF MARYLAND

1	FOR - STATE			ALTH AND MENTAL HYG	IENE (A)	63	0 0	1 4
L	REGISTRAR		ERTIFIC	CATE OF DEATH	G KEG. N	10. U	0 7	1 4
1. [DECEASED NAME FIRST	MIDDLE	LAS	ST	20 DATE OF DEATH	MONTH DA		26 HOUR
	KIM	A(KW	000	'	4 10	82	2,320 W
3 :	SEX 4	RACE 5	DATE OF	BIRTH DAY YEAR	6 AGE IN YEARS LAST BI		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	male	Black	9	2 55	26	YRS.	DNIH5 DATS	HOURS MIN
70.	BIRTHPLACE (STATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY? 8		☐ NEVER MARRIED 🕿	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
	m o		VIDOWED		Batt Gts			ME
10	gry or town of DEATH	1. NAME OF HOSPITAL, NURSING		OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			F BUSINESS OR
	UAL RESIDENCE (IF NURSING HOAD ORGE) STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD TY BALLING		YES NO C	13e STREET ADDRESS	Gwyn	n move	e Ave
14.	FATHER'S NAME			S MOTHER'S MAIDEN NA	ME			
1	James	A CKWOO		Barba		500	Cart	24
160	(YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)		17 INFORMANT	ADDR			
H	No	248-16-6		Barbara A	CROSSE 36	SH4120F		MATE INTERVAL
	Conditions, if any, which gove rise to immediate cause iot, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE		ell Crisis				
_		ONDITIONS CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1(c	
S								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
		216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCUR			RT 1 OR PART 2)	NO []
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	WHILE AT WORK AT WORK				Illiat	er .	FI	
	saw the deceased alive an_	1) attended the deceased from	and	that in (my) (aur) apinion	death occurred on the	date and hour		that (1) (we) last causes stated
	obove. (1) (we) (did) (did not) 22b. SIGNATURE EN LABEL E. R. Q	schman m.D	DI	EGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED O/82
	NIGEL E. R. J	ack man		Provident Ha 2600, 460-7	spital Ave	1		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician

DHMH - 16 60M 1/75 (VRA 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE 4/14/82

STATE

24 FUNERAL DIRECTOR

ADORESS C. march FIH

E. North Ave.

AATORY 23d LOCATION COUNTY COUNTY BA 1 1 2 1982 NAME OF THE PROPERTY OF THE PR

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- STATE

REGISTRAR

FIRST

DECEASED NAME

nay be page 3 death	(111)	Thom	14	Ada	ms, In.	0	4-21-82	12:22
age 4 ma	3 SE	M	1 RACE	S DATE O	DAY YEAR	6, AGE (IN YEARS LAST BIRTI	MONTHS DAYS	HOURS M
M	7 "	S.C.	USA	MARRIED WIDOWE	D DIVORCED	Baltimore city o	City	
to the polyment of the polymen		TY OR TOWN OF DEATH Baltimore	Balto City Hos	ADDRESS) Spital	R OTHER INSTITUTION	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Steel Work	WORKING LIFE) INDUSTRY	OF BUSINESS
should be fi	130 9	MD TO	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 136. CITY OR TOW Balto		138. INSIDE CITY LIMITS?		herry Lane	
Completely 1 and 2 sho		THER'S NAME FIRST M OMas	ADAMS		IS MOTHER'S MAIDEN NO.	WIDDLE	unk	ST .
n and c		VAS DECEASED EVER IN U.S. ARA (15 yes, no or unknown) (15 yes, give	WAR OR DATES)		011ie Adams	120 West Ch	erry Lane	
sing physicia bon papers or removal. umatic event		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		copiu	linonony	arrest	BETWEEN	OMSET AND DEA
the attend emove carl emation, other trau	NOI	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEOUI	knte OF	vn			
ed by pase re ial, cr ry, or		cause (a), stating the underlying cause last.	((c)	rtnor				
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is certificate ial-transit plental Hygie or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
After this the burn the and Minarked of marked of the and the marked of the and the an	MEDICAL	216 INJURY OCCURRED WHILE ONT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N COUNTY	STATE
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ERAL DIR e detached State Opp.		Jules C mon	ier MD		ATTENDING PHYSICIAN	MEDICAL STAF	F nu	SIGNED
TO FUNER, should be de with the Sta		Jules C Monin			22ª ADDRESS			1
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 24 DATE OF DEATH MONTH

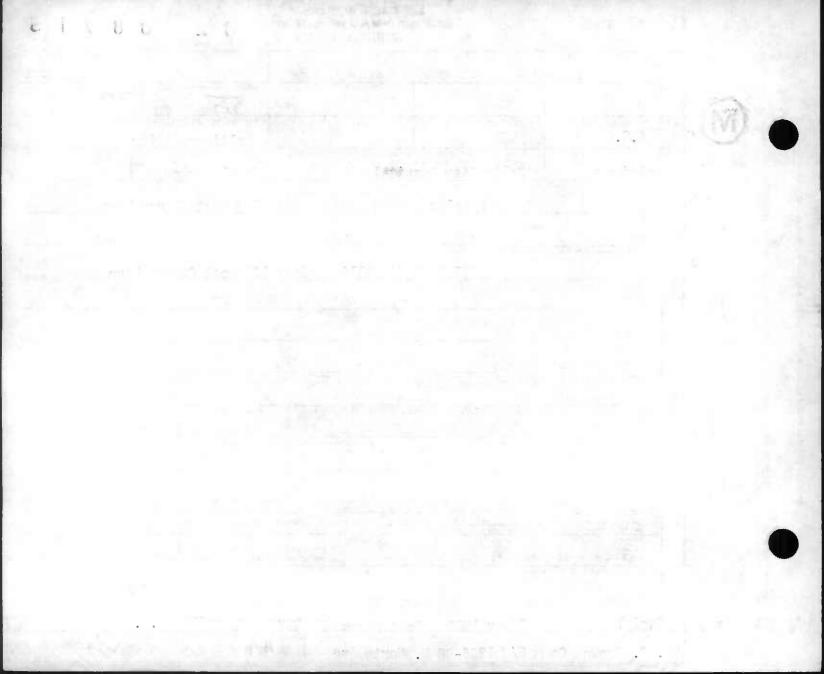
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IMPORTANT:

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Apr. 24, 1982

ROBERT CR. ALTENBURG FUNERAL HOME, INC.

6009 Harford Rd., Balto., Md.

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FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 0	8 9 1 7	
1. DECEASED NAME FIRST (TYPE OR PRINT) DOWALD	John	ALABRAN	20 DATE OF DEATH MONTH D	2 82 325 A	
Male Male	White	S DATE OF BIRTH MONTH Sept. 9, 1899	M	IF UNDER 1 YEAR IF UNDER 24 HA	
*BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT (COUNTRY) Pennsylvania U.S.A		MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore City		
		URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Pattern Maker B&O RR		
Maryland			13e STREET ADDRESS 3107 Bayonne		
14 FATHER'S NAME FIRST John	M. Alabr	an Mary	MIDDLE C.	Weaver	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS		

NO OR UNKNOWN) A193-10-3187 Ellen I. Alabran, 3107 Bayonne Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: CENERAL ISCHEMIC INFARCTION NAYS IMMEDIATE CAUSE to Canditions, if any, gave rise to immediate cause (a), stoting OR AS A CONSEQUENCE OF underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO DO NO [YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) MONTH OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. DAY YEAR MEDICAL P.M 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that # (this haspital) attended the deceased from sow the deceased alive on (our) apinion death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS R. MAGGIN MERCY MOSPIGAL 23d LOCATION
CITYORTOWN
Baltimore 230 BURIAL CREMATION REMOVAL 236 NAME OF CEMETERY OR CREMATORY

Parkwood

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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the bund-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 habris ofter death with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or removal.

4 may be

executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

3	1.	FOR - STATE REGISTRAR	DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	0 4	0 8	9	19
X		CEASED NAME FIRST	MIDDLE		251	REG. NO	MONTH DAY	YEAR 2	N HOUR
	3. SE	45	Willie ALFORD			6 AGE (IN YEARS LAST BIRT	4 08	82	9 60 P.M
		MALE	BUCK	MONTH	24 1937	44	MONTHS		HOURS MIN
TO.	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Ath Garolina	76 CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIED WIDOWEI	NEVER MARRIED	BALTIMORE CITY O	more (D. Tu	MD.
200	10.6	Altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET / Provident Host	ADDRESS)	R OTHER INSTITUTION	126 USUAL OCCUPATION OF Admin. Spe	F WORKING LIFE) IN	DUSTRY	BUSINESS OR
3		AL RESIDENCE (IF NURSING HOMEOR STATE TYLAND TYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 130. CITY OR TOWN Baltimon		13d INSIDE CITY LIMITS?	Baltimore	3630 y	12073	y Terr.
Xonine Xonine		ATHER'S NAME	widdle Alfo	rd	15. MOTHER'S MAIDEN NAME Henrietta	ME		Gil'Cl	nrist
Z dicol		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUI WAR OR DATES) 1-1964 212-34-		Mrs. Barba			207 8 Ri	nnle Ro
nay injury, ar ather traumatic event	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF NCE OF HOL	EATITIS ABUSE NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART 1(0)	
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rked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	w co	UNTY	STATE
m 21 is mo		22a.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not	APRIL STH 195		d that in (my) (our) opinion of			from the co	
TZ = He		SH ai	Son my			MEDICAL STAF DIRECTOR PHYSIC	F	2c. DATE SI	IGNED
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≤	23a. E	Burial, cremation, removal Burial	, ,	lame of ce	metery or crematory ore Cemeter	y Baltimo:	re City	Mar	yland
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		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
-	(TYPE	OR PRINT)	W DOW .		APRIL 6	1982		10:45A	
	3. SE	BAB	A RACE	LLOWAY S. DATE		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR IF UNDER 24 HRS	
		MALE	WHITE	APR	TL 6 1982	/	YRS.	THS DATS	10 34
3	I	BALTIMORE	76. CITIZEN OF WHAT COUN	MARRIE WIDOWI		BALTIMORE CITY C		DEATH	MD.
5	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S 		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST		126. KIND OF	BUSINESS OR
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à	USU		OTHER INSTITUTION GIVE RESIDENCE E	BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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1	14. FA	THER'S NAME		LINORE	15. MOTHER'S MAIDEN NA	AME .	WHITE	AVE	
36	9	JAMES ^	ALLOW.	AY	LINDA	WIDDIE	BU	SH LAST	
		VAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17. INFORMANT	ADDRE	SS		
2	()	(ES NO OR UNKNOWN) (IE YES, GIVE	E WAR OR DATES)		LINDA ALLO	DWAY		ABOV	/E
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	(b)	EQUENCE OF	s hypoploses	el			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
	N O	POTTER'S SYNDROME							
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?	
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	21c. HOW INJURY OCCUR		_		
F	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OEI	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) this haspite saw the deceased alive on abave, (1) (we) (did) (did not	4/6	19	nd that in (my) (aur) apinion	death occurred on the de	2 , 19_ ate and hour an	d from the co	
		226. SIGNAPURE	then		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE S	IGNED
		RICHIANS NAME (TYPE OR	O. MOZTEN,	,	TO ANS HE	PKINS H	63PITA	2/	

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detacked for use as the buildol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

IMPORTANT: If them 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR

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230 BURIAL, CREMATION, REMOVAL (SPECIFIC REMATION 4/7/82

23c NAME OF CEMETERY OR CREMATORY JHH

BALTIMORE, MD

STATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the thierant as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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HMH - 16 50M 1/81 (VRA 15, 4)

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2	١,	FOR		DEPARTMENT O	F HEALTH AND MEN	ITAL HYGIENE 🤱	2 8	189	2
//	١,٠	- STATE REGISTRAR		CERT	IFICATE OF DEA	TH	050 110	, , ,	
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300	10. ⊂	ITY OR TOWN OF DEATH	1. NAME OF HOS	SPITAL, NURSING HOM			LOCCUPATION	12h KIND O	F BUSINESS OR
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0	160 V	WAS DECEASED EVER IN U.S. ARA	ED FORCES? 16	SOCIAL SECURITY NO)	ADDRESS	7/10/3	1
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MPORTANT: If Item					1200		17/1		
	23a. E	BURIAL, CREMATION, REMOVAL	23b ATE		F CEMETERY OR CREA	- (1	CATION ITY OR TOWN	COUNTY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) WILLER ALSTON MAE APRIL 8 1982 10:100 3 SEX 4 RAC 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH HOURS 17 9 26 FEMALE BLACK 64 To BIRTHPLACE ISTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY CAROLINA BALTIMORE CITY WIDOWED DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL RALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
130 STATE
130 COUNTY
130 CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1917 E. NORTH AVENUE MD BALTIMORE YESXX NO [IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE CALED ROUNDTREE CLARA ROUNDTREE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST GLADDEN AVENUE NO 243-20-3268 DOREATHER NESBIT 4107 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY 4COMIN IMMEDIATE CAUSE AS A CONSEQUENC SHS Conditions, if any, which gave rise to immediate couse (a), stating STRUCTIVE PULMONARY underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, EACHORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from saw the deceased live an ARA abaye (1) well did did not view the bady after death and that in my (our) opinion death occurred on the date and hour and from the couses stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN JOHNS HOPKINS HOSPITAL BALTIMORE MD 2 DOG 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTR BIASE. 4/13/82 BURIAL BALTIMORE CEMETERY BALTIMORE MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 15 REGISTRAR'S SIGNAL

1101 E.NORTH AVENUE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND
FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	-	REGISTRAR		CERT	FICATE OF DEATH	REG. N	10.	0 ,	2 0
		CEASED NAME FIRST AND	MIDDLE	1	FMENT	20. DATE OF DEATH	4/25	-/82	26 HOUR 9:05 PM
	3 SEX	Female	4. RACE	auc.	OF BIRTH DAY YEAR 12 93	6 AGE (IN YEARS LAST BE	YRS		IF UNDER 24 HRS. HOURS MIN.
4		OUNTRY) PENN	76 CITIZEN OF WHAT	COUNTRY? 8 MARR WIDOV	IED NEVER MARRIED DIVORCED	BALT.	C, ty	FDEATH	MD
	B	ALT. City	(IF NOT IN SUCH FACILITY MERC	TY, GIVE STREET ADDRESS)		120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSE WIFE	OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
	130 S	MD	VTY 13c. C	SIDENCE BEFORE ADMISSION BALT.	YES NO _	13e STREET ADDRESS 2602 E.	FAIRM	ount	Ave
1	14 FA	THER'S NAME FIRST JOHN	MIDDLE ANTK	OWIAK	15. MOTHER'S MAIDEN NA. JOSEPHI	MIDDLE	STAC	hkou	ink
		VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	0-03-0703	Josephine	Schloer 2		Rair	mount
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) He	pAtoRen	1 synorome PANCREUTICE	ancer		APPROXIM BETWEEN OF	MATE INTERVAL MSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) 0b	CONSEQUENCE OF	PANCECATIC	CONCER DUCT		3 (uks
	ATION	PART 2. OTHER SIGNIFICANT	. 1 1		IT NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON			Tools
	CERTIFICATION	4/20/82	Obstruct	on of CBI	5	YES NO	IN CERTIFYIN	VERE FINDING NG CAUSES (DE DEATHS
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	NONTH DAY YEAR 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T OR PART 2)	
	MED	214 INJURY OCCURRED	21e. PLACE OF INJ	URY TORY, OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		72x.1 certify that (I) The hospi saw the decrosed tilive on above, (I) (ye)/didigalid no	-1/1/2	5 1856	and that in (my) (our) opinion	Ztodeath occurred an the d	ate and have a	nd from the co	auses stated
		THE SIGNATURE	lung	٤_	ATTENDING PHYSICIAN	MEDICAL STA		12 DATE	5/FL
		THE PHYSICIANS NAME IT THE	Cypse		122e ADDRESS MEA	CY /to	150	11	/
	(5	URIAL, CREMATION, REMOVAL SPECIFY Burial	4/29/82		wn Cemetery	13d LOCATION CITY OR TOWN	Balti	more	Md.
	B.	Dabrowski &	Son 2818	B E. Balt		R 2 (1987	The REGISTRA	SIGNAL	es Eder

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the build-transit permit. Then please remove carbonpapers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the is

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

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retained by the hospital or attending physician

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20. DATE OF DEATH TTYPE OF PRINT er sor 3 SEX 4. RACE 5. DATE OF BIRTH CINI YEARS LAST RIPTHDAYS YEAR 6 Lo. BIRTHPLACE 26 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYS WIDOWED DIVORCED A 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 10. CITY OR TOWN OF DEATH OF FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) WOULD RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED BYER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES 18 CAUSE OF DEATH (Enter only one couse per line or (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) AS A CONSEQUENCE OF DUE TO, OR Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEC underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 19a DATE OF CHERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NOT YES [NO A 21g. ACCIDENT WAS UNDERLYING 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET FACTORY OFFICE FARM ETC.) STREET STATE WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from hot (1) (we) lost

_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, GREMATION REMOVAL

YEAR

DAYS

126. KIND OF BUSINESS OR

IF UNDER LYEAR

INDUSTRY

2h HOUR

IF LINDER 24 MRS

23t. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250 DATE REC'D.

BY REGISTRAR 256 REGISTRA

23d. LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

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DIRECTOR

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should be detact with the State D IMPORTANT: If FUNERAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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8	REG		
	REG	NO	

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11	YPE	OR PRINTS	

REGISTRAR			CERTIFICATE OF DEATH	REG NO.	9 /	Great
PECEASED NAME	FIRST	WIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HC
	MARY	HELEN	ANDERSON	4 -	28-82	1
EX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UND
FEMALE		WHITE	09 25 97	84 YRS	MONTHS DAYS	HOUR
BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH	

176 CITIZEN OF WHAT COUNTRY COUNTRY NORTH CAROLINA

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY LITYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR INDUSTRY

BALTIMORE SUAL RESIDENCE (IF NURSING

13c CITY OR TOWN CATONSVILLE BALTIMORE

13d INSIDE CITY LIMITS? NO X

13e STREET ADDRESS 106 CHERRYDELL ROAD, 21228

MIDDLE

CATHERINE

HOMEMAKER

MARYLAND 14 FATHER'S NAME

COLUMBUS L.

HALL 166 SOCIAL SECURITY NO.

BON SECOURS HOSPITAL

MARY 17 INFORMANT

15 MOTHER'S MAIDEN NAME

SHOAF ELDERSBURG, MD.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO

215-10-4837

DAVID W. WHITE

5807 VICTOR DRIVE 21784

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		2 miles	No N
Conditions, if ony, which	DUE TO, OR ASSECONDE CHENCE OF	mentin	- Clay >
gove rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSOLUENCE OF CO.	6	yeard
PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but not related to the ter	RMINAL DISEASE OR CON	IDITION GIVEN IN PARTILI
19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM IS PART I OR PART 2)

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES NO	YES NO	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		211 HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)		
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				

21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM NOT WHILE

23b. DATE

211. LOCATION

COUNTY STATE

sow the deceased alive on bove, (I) (we) (did) (did not) v

DEGREE PHYSICIAN

MEDICAL STAFF

23a BURIAL CREMATION, REMOVAL

22e ADDRESS

BALTIMORE CITY

MARYLAND

BURIAL 24 FUNERAL DIRECTOR

MEDICAL

05-01-82 LOUDON PARK 21229

DHMH - 16 50M 1/8I (VRA 15, 4)

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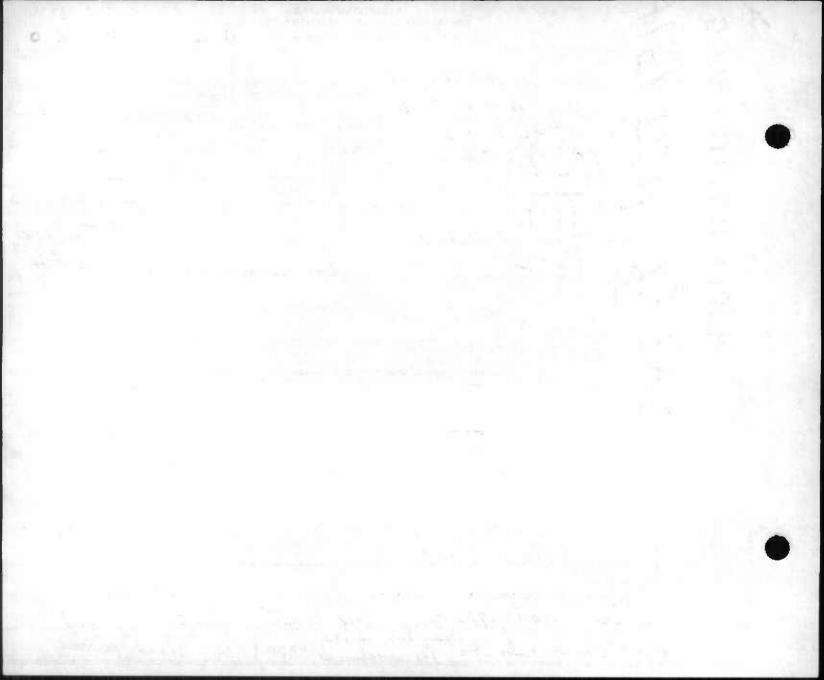
MPORTANT

226 SIGNATURE

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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		Mar			HERIN		Anders			DEATH	MATED				·82	A
SEX		RACE	5. DATE OF	BIRTH		E (IN YEARS	MONTHS DAYS	R. IF UNDE	R 24 HRS.	PRONOU	NCED	M	HTMON	DAY	YEAR	24 HOU
fer	nale	white	12-1	9-19-	75	6 YRS.				DEAD)	4	13		19 82	4:20
BIRT	HPLACE (STA	TE OR	76. CITIZEN	OF WHAT	COUNTRY?	8.	AARRIED 1	NEVER MARE	RIED 🖪	9. BALTIN						PM
3	hed.		1	1. 3.	A.	w	DOWED [DIVOR	CED 🗆					City		MD
CITY	OR TOWN C	F DEATH			AL, NURSING		OTHER INSTI	TUTION	12a USU	MOST OF WO	PATION BUILDING LIFET	(TYPE OF	WORK 1		D OF BUSINDUSTR	
	ltimor			Unive	ersity	Hosp.	ital			4	lule	el		M		
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4	PART I DE	TH WAS CAUSED	BY: E CAUSE (c				injurie	es						BETWE	EN ONSET	ANDUEATH
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		, if ony, which	1													
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	lying cous	e lost.	-			2,102 01										
1	ART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING		NOT RELATED TO	THE TERMINAL	DISEASE OF CONDI	TION GIVEN IN P	ART 1 io							
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¥ h	9a. DATE OF	OPERATION	1196.	CONDITIO	N FOR WHICH	H OPERATION	ON WAS PERFO	ORMED?						70 AL	JTOPSY?	
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CERTIFICATION	10 EXTERNAL	. CAUSE WAS	21b.	TIME OF IN	IJURY	Т	It. HOW INJU	IRY OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITEA	A 18 PART	1 OR PAR		S MA	NO L
	NDERLYING	OR	HC	DOXX M	4/13	YEAR					-					
	ONTRIBUTING	G CAUSE OF D		PLACE OF			pedesti If LOCATION	rian s	truc	K DY	moy 11	1 g_	/eni	cle		
	WHILE	NOT WHILE		REET, FACTORY	r, FARM, ETC.)		STREET			CITY OR TO			cou			STATE
4	AT WORK	AT WORK X		str	eet		1400B1k1	westLo	mbar	ast,B	<u>altir</u>	nore	Cit	У,		1D
	22a. I certify	that I took charg	e of the rem	oins describ	oed obove, he	ld on	Autopsy XX	Inspection	on .	Inquiry		ond in	n my opi	nion		
	death resulte	d from: Noti	by towns), A	ccident VX,	Suicidi	Hor	micide .	Undet	ermined m	onner [],				
	CTILLA	1	41	7/1-	11 2			(SPECIFY)								
	CTUAL IGNATURE	V//	1	116	w		M.DA	ssista	nt MED	ICAL EXAM	MINER		DATE SIGNED		4/14	1/82
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(1	XAMINER'S N YPE OR PRIN	T)	Horme:	z R.	Guard, N	1.D.	ADDRESS	s_111_	Penn	Stre	et,Ba	alto	MD	212	201	
23a. BUR	IAL, CREMAT	ON, REMOVAL 2	3b. DATE		23c. NAME	OF CEMET	RY OR CREM	YROFA	MI TO	CATION			COUNT	0	517	ATE
h	uneal)	4-17-	1982	Gel	n s	ul 6	ende	7		temo	a,	498	h	1.	
	ERAL DIRECT	99	- 4	ADDR. C	Balto k	whi.	2123	ING. DATE	REC'D. BY	REGISTRA	AR THE	EGIST	W 5 51	479	HE CO	
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	- 55															



requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 had with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. or rearm and memory areas any injury, or other troumatic event, the medical evant. MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical evant.

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		I DECEASE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAK		CERTI	ICAIL OF DEATH	REG. NO	٥.			
I DECEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR	
Rober	t Clarence	And	derson	April	12, 1	982	4:22	a M
3 SEX	4. RACE		OF BIRTH	6. AGE LIN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 2	
Male	Black	Oct	ober 5,1909	72	YRS.	DATS DATS	HOURS	MIN,
76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
Wash., D. C.	USA	WIDOW	ED DIVORCED	Baltimor	- /			MD
Baltimore	Mary land	GIVE STREET ADDRESS) General		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Laborer-Re	F WORKING LIFE)	INDUSTRY	known	
DSUAL RESIDENCE (IF NURSING HOW IS NOT ATE OF Md.	UNITY 13c. CIT	DENCE BEFORE ADMISSION) Y OR TOWN ON Hill	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1118 Kenne	bec St	reet		
14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA Mamie	WE	Lew	ris	30	
Clarence 16g WAS DECEASED EVER IN U.S. /		CIAL SECURITY NO.	17 INFORMANT	ADDRE				
	GIVE WAR OR DATES)	7-14-6923		y Phoenix/	LE		s 13e	!
18 CAUSE OF DEATH (Enter		(o), (b), ond (c)				APPROX	MATE INTERV	AL
PART I. DEATH WAS CAU	Sens	is second	ary to uginary	v tract infe	ection			
21-A7	ATE CAUSE (o)							_
000	DUE TO, OR AS A C	etes Mell	14					
Conditions, if ony, which	(b) DIAD	etes mell	itus	•				
cause (o), stoting the	DUE TO, OR AS A C	ONSEQUENCE OF						
underlying couse last	((c) Mult	iple cere	brovascular a	ccidents, ch	ronic	1 - 2		
Z XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KKKKKKKKKKK	XXXXXXXXXX	MXXXXXXXXXXXX	UXXXXXXXXXXXX				
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING						in syn		
S 190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDI		10
<u> </u>				YES TO NOTIX	YES	ING CAUSES	NO T	1
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00.00.00.00.00.00	DEATH HOUR A.M. MC	ONTH DAY YEAR						
I IF EITHER NOTIFY MEDICAL EXAMIP		19						
IF EITHER NOTIFY MEDICAL EXAMP 21d INJURY OCCURRED	21e PLACE OF INJUI		21f LOCATION	CITY OR TO	WN	COUNTY	51.4	ATE
AT WORK NOT WHILE		orrace ranning energy						
220.1 certify that (X (this has	A	0.0	34	April 1	2 19	82	that (X (we	e) fost
	April 12	oth.	nd that in (my) (our) opinion	deoth occurred on the do	te ond hour o	and from the	couses stot	ed
22b. SIGNATURE	1.7	Dea	DEGREE	The same		22c DATE	SIGNED	
John KK	unholom	(11)	ATTENDING PHYSICIAN	MEDICAL STAF		4/1	2/82	
22d. AYSICIAN'S NAME (TYPE		11)	22e ADDRESS	_ DIRECTOR [] THISIC	1017	1/1/	27 02	_
	lomew, M.D.		C/O Maryland	d General Ho	snital			
230 BURIAL, CREMATION, REMOVA	AL 236 DATE	T23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	Spical			-
(SPECIFY)	4-17-82	Harmo	ny Memorial	Landov	zer.	COUNTY M	d. 51A	TE
Burial								
24 FUNERAL DIRECTOR			25g DAT	E REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNAT	WRE	

John T. Rhines Co., 3015 12th St., N.E., D.C. 2001 R 1 9 1987

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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital or attending physician.

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH Albert erome 3 SEX 6 AGE LIN YEARS LAST BIRTHDAY) YEAR Male BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED Baltimore NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Fleetwood Avenue Ba 13p. STATE 13b COUNTY 13c. CITY OR TOWN 3e STREET ADDRESS Balto 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Frank Annen Moffitt Ella 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (p) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC) STREET CITY OF TOWN STATE NOT WHILE AT WORK

22a I certify that (I) (this besented) attended the deceased from saw the deceased alive an deceased alive an obove, (I) (we) (did) (did not) view the body after death and that in (my) (com) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED ATTENDING STAFF

WILLIAM P. BENSON

PHYSICIAN DIRECTOR 3506 N. CALVERT ST., BALTIMO.

230. BURIAL, CREMATION, REMOVAL

Parkwood (emetery

CITY Balto.

Miller Inc-6415 Belair Rd.-21206

1982 Parce Jan Wather

DHMH - 16 50M 1/81 (VRA 15, 4)

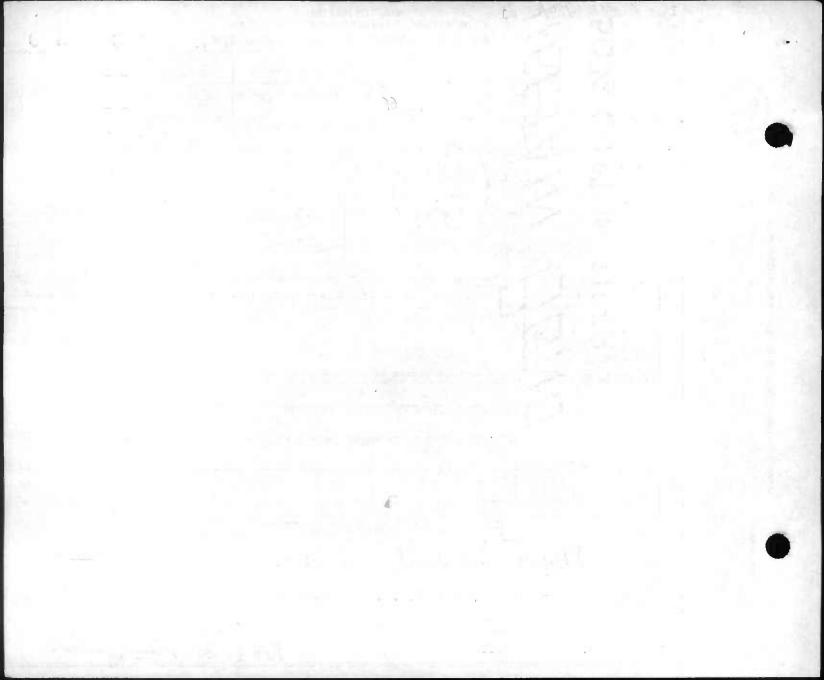
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours other

death. Page 4 may be

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1 -	STATE
	REGISTRA
DE	FACEDALA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

()	REG. NO.	0	8	(1	3
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	REG. NO.				

1	STATE REGISTRAR		CERTIF	FICATE OF DEATH	8 2 REG. N	0 8	3 9	3
	CEASED NAME FIRST Virgin	ia L ee	Armes	S	April	10 198	2 YEAR	930A
3 SE	Female	4 RACE White	5. DATE O	OF BIRTH DAY YEAR 27 24	6 AGE (INYEARS LAST BII	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED D	9 BALTIMORE CITY OF Baltimor	OR COUNTY OF	DEATH	MD.
10. C	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV St. Agnes Ho	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (Home Mak	ION 1 OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
	TATE IN COU			1134. INSIDE CITY LIMITS?	13e STREET ADDRESS 104 W. 12	th St.		
)	THER'S NAME FIRST Jack VAS DECEASED EVER IN U.S. A.	MIDDLE Arba	ast augh	15. MOTHER'S MAIDEN NA. FIRST Leota 17. INFORMANT	MIDDLE	De irkwood	eWitt	ST
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	28-0524		vans Baltin			07
No	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF ,	s of the	liver	IDITION GIVEN I	IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES		
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	AIII	TH DAY YEAR 19 OFFICE, FARM, ETC.)	21c HOW INJURY OCCURI 211 LOCATION STREET	RED (ENTER NATURE OF INJU CITY OR TO		OR PART 2)	STATE
	27a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	of view the body ofter death.	19 62, 0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the d	FF 1		
73- 5	Marcia A. (T23, NAME OF C	900 Caton A	ve. Baltin	nore, Md	. 21	1229
2.00. E	ONIAL, CREMATION, REMOVA	L ZJU DAIL	THE IN ANTE OF	LIMETERT OR CREMATORY	230 TOCKTION			Contract Services 1 150

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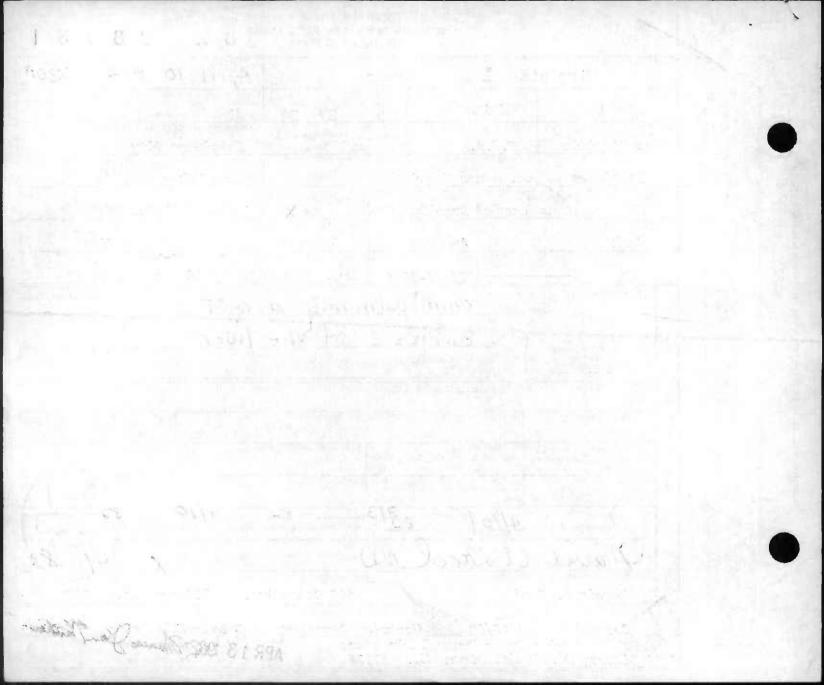
DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonapopers. Pages 1 and 2 should be filled within 72 if with the State Dept. of Health and Mental Hygene prior to burial, crematan, or removal

injury, ar ather troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows

Cremation 4/13/82 Westview Crematory Catonsville Barren Byers Funeral Directors
8728 Liberty Rd. Randallstown, Md. 21133



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ond completely filled in by the full

may be

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	

8	REG. NO.	0	8	3
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	DECEASED NAME FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	YEAR 76 HO	UR
	EDN.	A W.	ARNOL	D		April 23,	1982	9:45	P
3. 9	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	FUNDER LYEAR IF UNDE	R 24 HI
L	Female	Wh	ite	Nov	. 26°, 1893	88	YRS	ONTHS DAYS HOURS	MI
10	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
1	Maryland		USA	WIDOWE	D DIVORCED	Paltimon			
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	170 USUAL OCCUPAT		126 KIND OF BUSIN INDUSTRY	
1	Baltimore		and Gener		spital	Teacher		Educati	on
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The same of	Maryland		Baltim	ore	YES X NO		Univer	sity Parl	W
14	FATHER'S NAME FIRST	MIDOLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
	Peter G	eorge	Arnol	d	Eleanor		Т	Fruitt	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS		
L	No	THE WAR OR DATES!	214 40	7561	Mrs. Kathr	vn Austin	Balto	o. Md.	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause pe	r line far (a), (b), an	d (c				APPROXIMATE INT	RVAL
7	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEQUE	ENCE OF	onia				
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cai should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remaval. retained by the haspital or attending physician. DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. The executed by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fundamental anertical page 3 should be filled in by the fundamental four after their with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumatic event, the medical examiner and be not the desired examiner and the medical examiner and th

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	3. SEX		4.	RACE		5. DATE C		25.40	6 AGE (IN	EARS LAST BIRTHDAY		UNDER I YEAR	_	
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į	BIRTHP	LACE (STATEORE	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8	NEVER I	MARRIED	9 BALTIMO	RE CITY OR CO	O YTNU	FDEATH		
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DHMH - 16 50M 1/81 (VRA 15, 4)

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ICATION	cause (a lying cau) stating the <u>under-</u> use last.	(C)RIBUTING TO OFATH B		MINAL OISEAS			RT 1 to			20	AUTOPSY?	
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BY REGISTRAR 236 REGISTRAP'S SIGNOFFACTION

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DHMH - 17 (VR A15 ME (5)) 15M 2/80

24. FUNERAL DIRECTOR

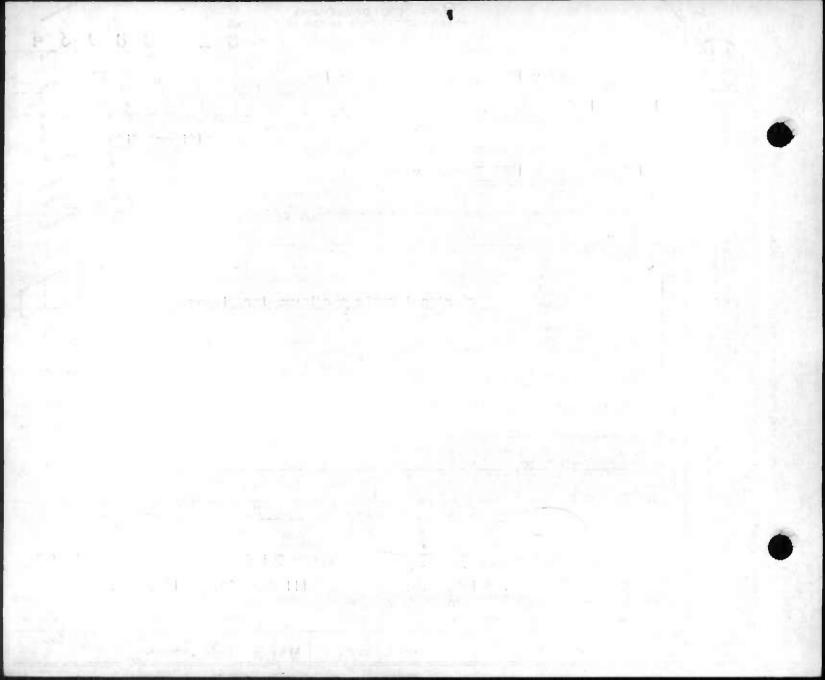
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C. March F/H

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E.

North Ave.



10	1 -	STATE REGISTRAR		DEPART		CATE OF D	MENTAL HYO DEATH	BIENE B Z	0	8	9	3	5
	1 DE	CEASED NAME FIRST		MIDDLE	· ·	151		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR.
	(TYPE	MURIE	-		A	UGUST	rus		4	26	82	5	AM
1	3 SE	x Female	BLA	cK	S. DATE O	F BIRTH	YEAR 23	6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS	DAYS	IF UNDER	MIN.
23	7	IRTHPLACE (STATE OR FOREIGN COUNTRY) 7 a ITY OR TOWN OF DEATH	U.	WHAT COUNTRY? S. A. HOSPITAL, NURSIN	WIDOWE	NEVER A	MARRIED	9 BALTIMORE CITY BALTII 120 USUAL OCCUPA	OR COUN	TY OF DE	ITY		MD.
00		BALTIMORE		g FACT ark STREET				(TYPE OF WORK FOR MOST			USTRY	F BUSINE	:55 OK
35	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIM	N	13d. INSIDE C	NO 🗌	13e. STREET ADDRESS 2649 PA	RK HE	175	TER	R	
200		ATHER'S NAME FIRST Uriah Cole		LAST				ME helia Shaf	fer	C)	LAS		
medico		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	228 · 30 ·		Georg		Augustus,	2649	Pa	rk .	Hgts	Te
r other troumotic even		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	TE CAUSE (o) DUE TO, O (b)	EARCIN O	NCE OF	COMMO	N BILE	DUCT			9/9	18/	
s ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT	19b COND	ITION FOR WHICH	OPERATION	WAS PERFO		20a AUTOPSY?	20b. IF Y	ES, WERE	EFINDIN	GS USE	0
r Item 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TO COURRED	21b. TIME C HOUR A. R) P.	TR. COMM OF INJURY M. MONTH DA M. OF INJURY			U CT	YES NO KERNATURE OF INJ		YES 🗌		NO [
norked	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET FACTORY, OFFICE, F.	ARM ETC)	STREET	01	CITY OR T	OWN	co	YTOU	5	TATE
hem 21 is n		sow the deceased alive or above, (I) (was) (did) (did no	FEB	25 19	-	d that in (my)	, 19 D (aur) opinion	deoth occurred on the	dote and he	our and f	rom the c	hot (I) (a	lost oted
±		Paul & Hery	ld		mS	7		MEDICAL ST.	AFF ICIAN 🔲	22	4/2	L/8	2
APORTAN1		PAUL G.	HEROLD	M.A	1	220 ADDRES		DISONST		212	01		

STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanapea with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. PAUL G. HEROLD, M.D. 230 BURIAL, CREMATION, REMOVAL $\mathbf{B_{urial}^{(spec_{uv})}}$ 23d location y Baltimore, Maryland 23b DATE 5/1/82 231. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 250 DATE REC'D. BY REGISTRANDIN REGISTION OF THE MAY 3 1982 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Law Funeral Home 4611 Park Heights Ave.

E E C G D The Branch Company of the NICE SE SE SUCUSTUS 4 20 SE S'A ACOUNTS BLACKET ALLTINING CITY . 1. 3. ar eirhte errace A THE PARTY OF THE rian Volema CARCINENA COMMENDENCE DICT A STATE OF THE STA white was a second of the seco PAUL GERRESO, MER GERRADIUS CONTRA CONTRA /I li ore relevi ev Juneral are 4 17 ar eithe Poe.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

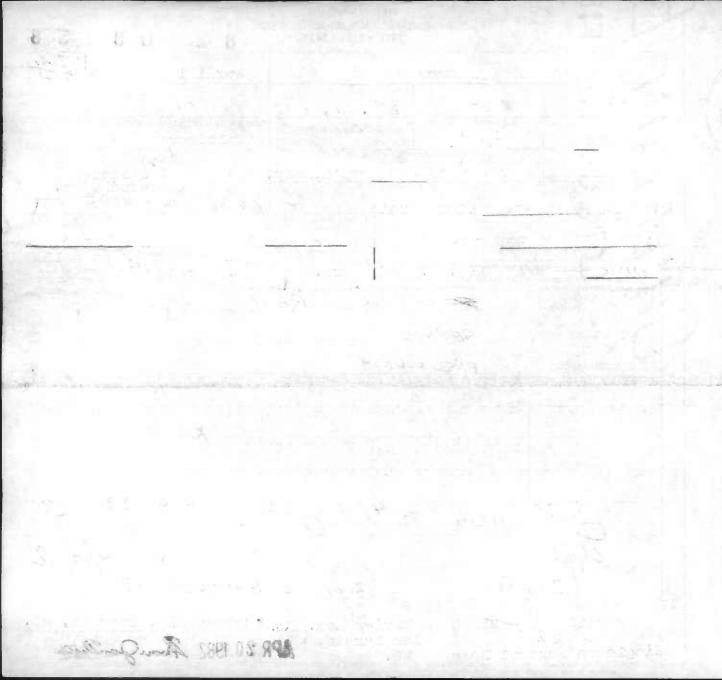
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	I DE	REGISTRAR 4/0/02 T	MIDDLE		ICATE OF DEATH	REG. NO.	DAY YEAR TO LICE
		E OR PRINT) Ada	₩. M.		Ayres		982
	3 SE	x	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
1	L	Female	White	Sept	. 14, 1909	72 YRS	MONTHS DAYS HOURS
B<	At B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.		NEVER MARRIED	Baltimore City OR COUN	
2	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWE IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION	135 VINID OF BUSINES
DC		Baltimore	6401 Loch Raven	Blvd.	Apt. 630	Pay Roll Clerk	INDUSTRY Hospita
35	M	[aryland	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW Baltimo		YES 🔀 NO 🗌	6401 Loch Ra	t., Md. 2123
96	14 F/	ATHER'S NAME FIRST John	Ayres Ayres		15. MOTHER'S MAIDEN NAI	Mary	Neuhauser
medico		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-01-6		Brother Alvah V. Ay	vres	lt., Md. 2123
> 0			nly ane cause per line lar (a), (b), and ED BY: TE CAUSE (a)	icul	ar file	1 Clation	minute
ijury, or other troumatic eve	NO	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.		NCE OF	artery dis	ense	years
nes on injury, or other troumotic eve	TIFICATION	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) TE CAUSE (a) DUE TO, OR AS A CONSEQUE	NCE OF BUT I	or fery dis	INAL DISEASE OR CONDITION G 200 AUTOPSY? 206. IF Y IN CERT	YEARS ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
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		A CONTRACTOR		

	1.	FOR STATE REGISTRAR				STATE OF M NT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8	2 NO		3 8	9;	3 8
	1. DE	CEASED NAME	FIRST	WIDDLE		LAST		2a DATE O	FDEATH	MONTH	DAY YEAR	26. H	OUR
			Ivan	Lawre	ence	Ayres	5	Ap	ril :	19,	1982	6	A
	3 SE		9	RACE	5.	DATE OF BIRTH	DAY YEAR	6. AGE (IN)	EARS LAST BIRT	HDAY)	MONTHS BA		DER 24 HRS
		Male		White		Aug.	11, 1903			78 YRS.			
2	7a B	IRTHPLACE (STATE OR		6 CITIZEN OF WHAT CO			EVER MARRIED	1	_		Y OF DEATH		
2	10.0	Maryland		U.S.A.	V	VIDOWED [DIVORCED				City,		W
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	13a :	AL RESIDENCE (IF NUR STATE ATVland	COLINI	other institution, give reside	OR TOWN		SIDE CITY LIMITS?	13e STREET			WOOD		
		THER'S NAME			en bu		THER'S MAIDEN N	AME		- 177			- 1 -
20)	James		amin A	vres		Franci	S	WIDDLE		- 11	Mann	
		VAS DECEASED EVER	IN U.S. ARM	ED FORCES? 166. SOC	IAL SECURIT	Y NO. 17 INF		fe)	ADDRE	55 5	Α.	Mann s #	13
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r ome		couse (a), stati underlying cause	ng the	DUE TO, OR AS A CO	EU M	ONIA			1.5	100			
nlory, o	NO	PART 2 OTHER SIG	NIFICANT CO	onditions <u>contribut</u>	ING TO DEA	TH BUT NOT RE	LATED TO THE TER	MINAL DISEAS	E OR CONE	ITION G	IVEN IN PART	1/0"	
Soms only	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FO	R WHICH OP	ERATION WAS	PERFORMED	200 AUTO	PSY?	IN CERT	ES, WERE FINI IFYING CAUS	DINGS US ES OF DE NO	ATH?
9		210. ACCIDENT WAS UN	CAUSE OF DEATH		NTH DAY	YEAR	OW INJURY OCCU	RRED (ENTERNA		Y IN ITEM 18	PART I OR PART 2	1)	
1	MEDICAL	(IF EITHER NOTIFY MED		P.M.	v	19 × 211 1C	CATION						
	ME	WHILE NOT W	HILE []	LAT HOME STREET, FACTOR	RY, OFFICE, FARM	ETC)	STREET		CITY OR TO	VN	COUNTY		STATE
21 is mo		22a.1 certify that (1) saw the decom-	this hospital	ottended the decease	ed from	, and that is	n (my) jour) apinion	to_	d on the do	19 te ond ho	ur and from t	, that (I)	we lost
# Hem		22b. SIGNATU	digi) (did not)	view the body after dea	th.	DEGREE		MEDICAL	STAF			TE SIGNE	
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		URIAL, CREMATION,		23b DATE			Y OR CREMATORY	23d LOCA	TION			7.11	STATE
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'81		Singleto	n Fun	eral Home	ADDRESS G1e	n Burn	nie, PA	PR 20 1	982	Home	TRAR'S SIGN	ATURE	6-



requires that the deoth certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

VRA 15, 4)

The same		STATE REGISTRAR			CERTIF	ICATE OF DEATH	0 4	014 036		
	1 DECE	EASED NAME FIRST		WIDDLE		LAST	20 DATE OF DE	ATH MONTH	DAY YEA	R 2b HOU
	(TYPE OF	JOSEPH	Ram	non	AZOI	JA .	APPIL	4,	1982	5-4
	3 SEX		4 RACE			OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS D	
		Male	Cau		12	17 1923	58	YR		HOURS
59	CO	THPLACE (STATE OR FOREIGN DUNTRY) Lichigan		WHAT COUNTRY?	MARRIE WIDOWS	D NEVER MARRIED DIVORCED	9. BALTIMORE (_		
14		Y OR TOWN OF DEATH BALTINGRE	III. NAME OF INF NOT IN SU UNIC	HOSPITAL, NURSII CH FACILITY, GIVE STREET DIJ MEMORE	NG HOME C	OR OTHER INSTITUTION SPITAL	S. Emr		G LIFE) INDUST	D OF BUSINE
		RESIDENCE (IF NURSING HOME ATE 13b COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADD		11 14 1	1 #2121
iner	14 FATE	HER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NA	ME			
		Christina	MIDDLE	Pingeh	ra.	Peter		DDLE	Azo	la.
00	160 WA	AS DECEASED EVER IN U.S. A		166 SOCIAL SECT		17 INFORMANT		ADDREBal		
nedi	(YES	Yes III	IVE WAR OR DATES)	386-14-	-6572	Marie A. A	zola, 31	0 Ridge	emeade	Road
numotic event, t	11	1991	ATE CAUSE (0)	META DR AS A CONSEQU	377-1	IC ADENOG	ARCINON	nt FL	NEA	EN ONSET AND
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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed annual 24 years and

retained by the hospital or ottending physician.

STATE OF MARYLAND

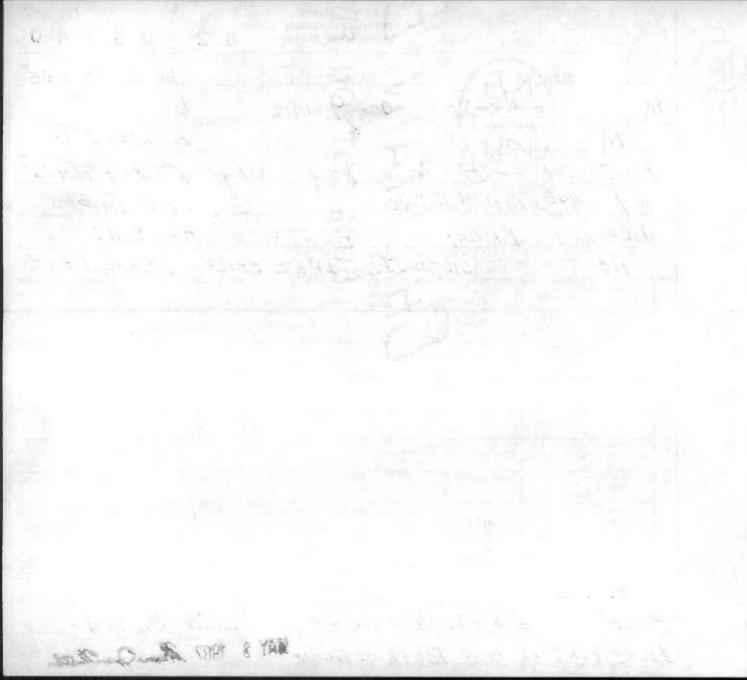
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	1-	STATE REGISTRAR	VLI)	CERTIFICATE OF DEATH	8 2 _{G NO}	0894
1		EASED NAME FRIT	wood	1401	26 DATE OF DEATH	ADUTH DAY 1948 36 HOUR
1	2 553	BERNA	RD It race,	BATLEY Is pare of sight	& AGE UNIVERSITANT BRITIS	4/ 29/ 82 10:
) SE)	1	NEGRA	aux 9 191	2 6	G TOTAL MONTHS SAIR HOLES
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5/1		M	U.S. A.	WIDOWED DIVORCED		ALIO, CITY
40	in Ci	Balto . Ind	THE MOT PRESIDENT CONTRACTOR CONTRACTOR	mes Hoop	The Mark of Most of	Day Retired
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30	14. FA	BERNARd	BAILEY LAST	BEAT		AWKINS LAST
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ent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE			to intracerctore	APPROXIMATE INTER BETWEEN ONSET AND
ijury, or ather traumo	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	no-vasilar accident-	TERMINAL DISEASE OR CONE	
ons out it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
em 18 shc	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f LOCATION	CITY OR TOV	WN COUNTY 5
21 is mai		220.1 certify that (1) (this hosp	1111	0.0		. 19
IMPORTANT: If Item		22b. SIGNATURE	licosh	DEGREE ATTENDIN PHYSICIA		
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DHMH - 16 50M 1/81 (VRA 15, 4)

25 MAY 8 BY REGISTRAR 256 REGISTRAR'S SIGNATURE

LOCKS FUNERAL HOME 1304M. Bulselag



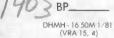
TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicis should be detoched for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

	STAILOL
)R	DEBARTMENT OF HEALT

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 Zeg. No.	0	8	9	4	
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I DECEASED NAME FIRST			1	KEG. NO.	
(TYPE OR PRINT)	WIDDLE	LAST	2a. DA1	E OF DEATH MO	NIH DAY YEAR 26 HO
Ariel	Dorsey [5	aker		4	7-3-021
3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHD	MONTHS DATS HOURS
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TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED 9 BALT	IMORE CITY OR	COUNTY OF DEATH
COUNTRY	USA		ORCED	DATT.	MORE city
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INST!		JAL OCCUPATION	
Baltimore	Manor Care Nur	sing Home	(TYPE OF	WORK FOR MOST OF W	OKKING (IPE) INDUSTRY
JOUAL RESIDENCE (IF NURSING HOME OF			Y HANTS? 13. STE	EET ADDRESS	
Md	Baltimon				on Avenue
14 FATHER'S NAME	MIDDLE LAST		MAIDEN NAME		
Robert	Dorsey		rah	MIDDLE	Dorsey
1 160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU			ADDRESS	
(YES, NO OR NOWN) (IF YES, GI	1VE WAR OR DATES) 212-20-9	486 Marguer	ite Tynes	2011 Mad	sion Avenue
18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), and				APPROXIMATE INT
Conditions, if any, which	(b)				
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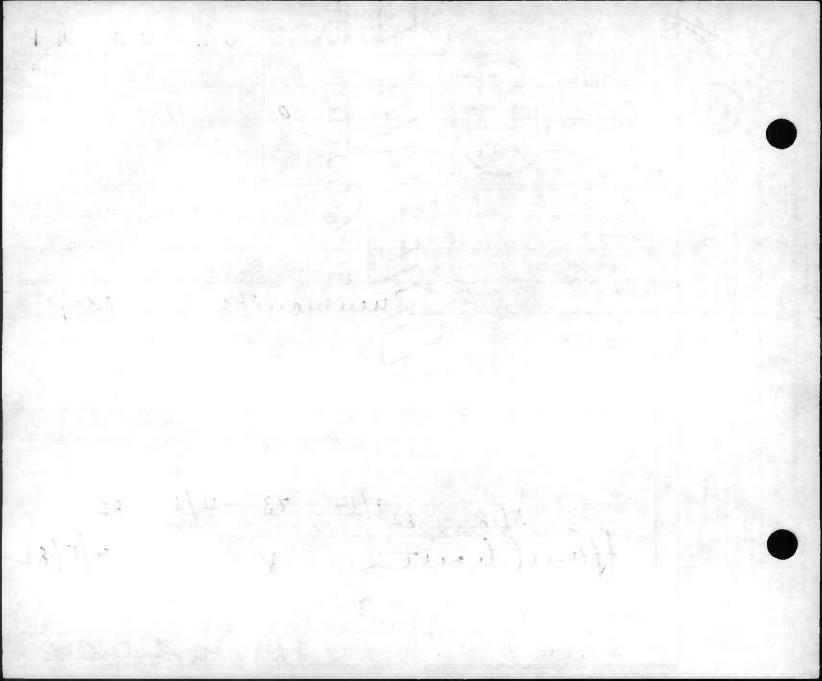
24 FUNERAL DIRECTOR William C. March F/H 1101 E. North Avenue

ch Arbutus

250 DATE REC'D, BY REGISTRAR 14 SUSTRAR HIGHATISE

APR 6 1982 Arbutus Mem Park

Md



completely filled in the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and coi shauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

• 9	Ω	Q	9	4	0
REG. NO.	O	U		-4	-

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3. SE		RACE	5 DATE OF E	BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY IF UNDER I YEA	R IF UNDER
	Frmale	CAUCASION	MONTH	21 YEAR	00	MONTHS DAYS	
70 B		& CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY O	OR COUNTY OF DEATH	
	MACYLAND	USA	MARRIED	DIVORCED T	Balten	rore City	
10 C		1. NAME OF HOSPITAL, NURS	SING HOME OR (OTHER INSTITUTION	170 USUAL OCCUPAT	OF WORKING LIFE! INDUSTR	OF BUSINE
	STATE	OTHER INSTITUTION GIVE RESIDENCE BEF	WN 13	INSIDE CITY LIMITS?	130. STREET ADDRESS 763 Fu	Lbrook Bi	
1	JOHN CHRIST	opher Lier	Iner 15	MOTHER'S MAIDEN NAM	ret MIDDLE	Schmit	5
		MED FORCES? 166 SOCIAL SE	CURITY NO. 17	Mrs. Carrol	l Eney 763	Fullbrook R	d 212
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	WENCE OF				
N	4275	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF	DT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVEN IN PART	lo.
TIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF		700 AUTOPSY? YES NOT	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	INGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF O DEATH BUT NO CH OPERATION N		200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [INGS USED
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DHMH - 16 50M 1/81 (VRA 15, 4)

Walter Dabrowski

1005 Dundalk Avenue

APR 27 1982 Many Gardenth

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Frs. Carroli act 755 . iilbrook 3d 21222

Eurial 4/23/62 Raltimore National Baltimore ed

alter Dabrowski 1905 Dundalk Avenue APA E' 8

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1	_	STATE
10		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	8	9	4	

REGISTRAK		CERTIFICATE OF DEATE	REG. I	NO.
DECEASED NAME HAS	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Louis	P.	BAKER		4 14 82 920 AM
1. SEX	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST E	
MALE	Black	3 13 2	5 57	YRS.
TA BIRTHETTA CE L'ATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCE	_ / / /	TV MD.
IB. CITY OR TOWN OF DEATH		URSING HOME OF OTHER INSTITUTION		TION 126 KIND OF BUSINESS OR
Dattmore	IF NOT IN SUCH FACILITY, GIVE	SITI OFMA	Labore	
ISUAL RESIDENCE IN HUMBIGHOUS	DEGINER AUSTRALION ON BESIDENCE	HEFORE EDMESION)		0//
Md. B	9/10 Ba	YES NO	373 4	Columbus Dr.
4 FATHER'S NAME	MIDDLE /3/0/	15. MOTHER'S MAID	EN NAME MIDDLE	2 4
heander	JUIN	mate Emn	naline	Dovd
		SE URITY NO. 17 INFORMANT		RESS
THE HODE CHARGING THE YES, O	GIVE WAR OR DATES)	22-0846 Lucille	Baker 18 C T	Panklintorm Bood
LU CAUSE OF DEATH S	anly ane cause per line far (a , (b		Daker to b. F	APPROXIMATE INTERVAL
PART 1. DEATH WAS CAU		XIATION + CAR	AL PERMAT	BETWEEN ONSET AND DEATH
IMMEDI	IATE CAUSE (a)	ATHITON TORK	40 RESPORTION	CY MERCE! JOHIN.
1330	DUE TO, OR AS A CONS	EQUENCE OF		
Conditions, if any, which gave rise to immediate	(b) MHS51	VE HEMOPIYSIS		20 Min.
cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	-	
underlying cause last	(BRONCH	IECTASIS SELOND,	ary 10 SARC	0130515
	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1 a
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	bestosis and	& COR PULLION	inle	
190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
Ē	The Board of		YES TI NOT	IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY O	OCCURRED (ENTER NATURE OF INI	
00.000.000.000.00	DEATH	DAY YEAR		
CAUSE OF E	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE	LAT HOME STREET, FACTORY, OF		CITY OR T	TOWN COUNTY STATE
AT WORK AT WORK				
The same of the sa	spital) attended the deceased fr		82 , to 4/14	, 19, that (I) (we) last
saw the deceased alive abave, (1) (we) (did) (did	nat) view the bady after death.	19 , and that in (my) (aur) a	pinian death accurred an the	date and have and from the causes stated
22b. SIGNATURE	, 17	DEGREE		22c. DATE SIGNED
Danie M	Smith M	ATTEND PHYSIC		AFF ICIAN 4-14-82
22d. PHYSICIAN'S NAME (TYP		27e ADDRESS		1 11 11000
NEWLY'S W	SHITH ME	MALU.	or marylas	1) MOSPITAL
230 BURIAL, CREMATION, REMOVA	23b DATE 4/19/82	23c. NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY
Dullal	4/19/02	Md Veteran Cemet	ery Crownsy	1110

DHMH - 16 50M 1/B1 (VRA 15, 4)

William C. March F/H 1101 E. North Avenue

APR 19 1982

5 P + 0 U 1 8 ing Block 3 4 25 57 Brangery, University of Mathop Library Symmetry C 1 Bato 373 + Columbus Dr. Baker & Emmilie Sold Elton 226-22-38-10 The Application of the Company of the second of the second CONTRACT SPECIAL SPECI

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the haspital or ottending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hair attended with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

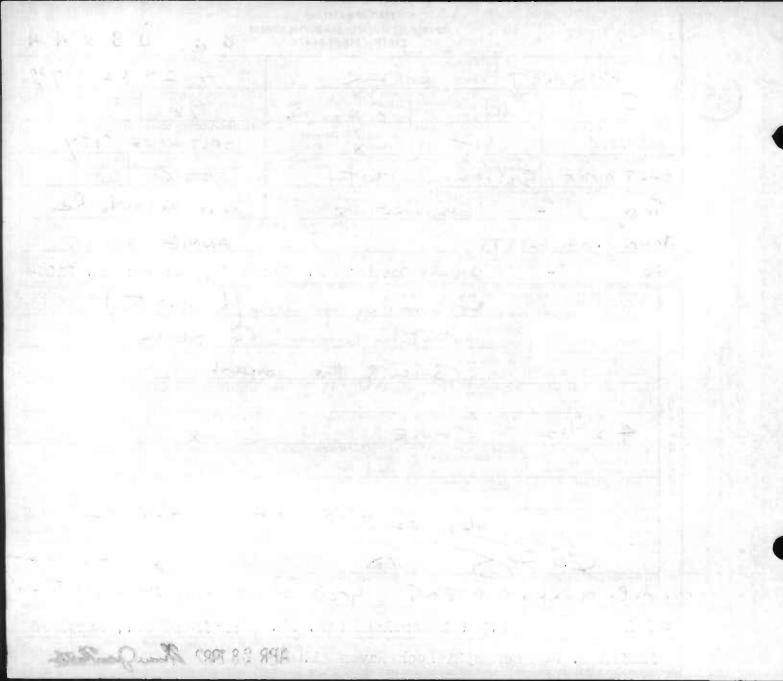
8	REG. NO.	0	8	9	4	4
	REG. NO.				-	

FOR A STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	GIENE O O O O A A
REGISTRAR	CERTIFICATE OF DEATH	O REG. NO.
I. DECEASED NAME FIRST MID	DLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
MARGARET	BAKTR	4 27 82 700
3 SEX 4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 (1)	MONTH DAY YEAR	7 8 MONTHS DAYS HOURS MIN.
70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WH	1 2 4 0 4 HAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY MD.
BAAT AND THE SIENDT IN SUCHE	OSPITAL, NURSING HOME OR OTHER INSTITUTION ACILITY, GIVE STREET ADDRESS	120 USUAL OCCUPATION (TYPE OF PROPER FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF PROPER HOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPE OF PROPER HOST OF PR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GE 13a. STATE 13b. COUNTY	VERESIDENCE BEFORE ADMISSION) BY CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO [130. SIREE, AULKESS Kesmich Rd
14. FATHER'S NAME	15. MOTHER'S MAIDEN NA	
JOHN H. BAUBLITTS	LAST FIRST	ANNIE Joyce
CHECK NO CO LINEWAND WALL THE WES COME WAR OR DATES	SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
(NG NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	216-31-7257 Ruth N. Chu	rch 1655 Yakona Rd. 21204
18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	() (no freta (and)
IMMEDIATE CAUSE (0)	Tulmonary failer	ne form many
	NET OSTALLE disease	Co freach
gove rise to immediate		
couse (a), stating the UNETO, OR A underlying couse last.	AS A CONSEQUENCE OF	meach
PART 2. OTHER SIGNIFICANT CONDITIONS CON		MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	TRIBUTING TO BEATH BUT NOT RECATED TO THE TERM	AINAL DISEASE ON CONDITION ON EN INT ANT 1107
190 DATE OF OPERATION 196. CONDITION	ON FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
= 42082	DUABLE	YES NO YES NO
210. ACCIDENT WAS UNDERLYING 21b. TIME OF I	MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19	
OF CONTROL OF CAUSE OF CEATH (FETHER, NOTIFY MEDICAL EXAMINER) P.M. 216. INJURY OCCURRED 216. PLACE OF (AT HOME, STREET		CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	T, FACTORY, OFFICE, FARM, ETC.) STREET	Jane San
22a I certify that (I) (this haspital) attended the		2, to 427, 19 2, that (I) (we) lost
sow the deceased alive on above, (I) (we) (did and not) view the bade of	fer debrh.	death occurred on the date and hour and from the causes stated
27b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF 4 27 8
4500	PHYSICIAN [DIRECTOR PHYSICIAN 7 7/27/8
224 PHYSICIAN SNAME (TYPE OR PRINT)	22e. ADDRESS	Man Baltina
A. O. MIREKU-BOR	TENG 19000 Sa	martan 17mp, Diamine
230. BURIAL, CREMATION, REMOVAL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
Burial Apr.30	0'82 Moreland Mem. Pk.	Baltimore Co., Maryland

BP. DHMH - 16 25M (VR A 15 (4)) 9/74

24 FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Bl.

250. DATE REC'D. BY REGISTRAN DEGISTRAR'S SIGNATURE APR 28 1982



OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

BP

DHMH - 16 50M 1/8 (VRA 15, 4)

retained by the hospital or attending physician.

ond completely filled in by the oges 1 and 2 should be filed.

	FOR STATE			STATE OF MARYLAND NT OF HEALTH AND MENTAI	L HYGIENE	. 0	0 0 4	
	REGISTRAR I DECEASED NAME (TYPE OR PRINT)	PHEMA	WIDDLE	CERTIFICATE OF DEATH	2g. DATE OF DE	- 1	AY YEAR 26 HO	-
	3. SEX	PAZIVIA	1	DATE OF BIRTH	6. AGE LINYEAR	LAS BIRTHDAY)	F UNDER 1 YEAR IF UNI	DER
3	Famai	le CAUC	ASIAN	MONTH DAY YEAR	302 1	79 YRS. M	ONTHS DAYS HOUR	5
97	70. BIRTHPLACE (STATE O	or foreign 76 CITIZEN OF	SA (MARRIED NEVER MARRIED	PAITT	CITY OR COUNTY OF	OF DEATH	
1/2	10 CITY OR TOWN OF D BALT IMORE	EATH II. NAME OF	HOSPITAL, NURSING JCH FACILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION	120 USUAL OC (TYPE OF WORK FO LTI HOPE SE	MOST OF WORKING HEE	126 KIND OF BUSINEWSTAYORK POWER AUT	NE S
35	MACYLAND	13b. COUNTY	N GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN BALTIM	DRE YES NO		PARK H	1.204 1E16HTS	A
S C	WOLF	MIDDLE	LZBERG	15. MOTHER'S MAIDE		IDDLE	UNKŃÖWN	32,
medical	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURI		L ATRAN 33	STONEHEN((21208 GE CIRCLE	8)
£	cause (o), sta		OR AS A CONSEQUEN	CE OF			100	
s ony injury, or oth	PART 2 OTHER SIG	SOURCE TOUR CONDITIONS CORNER TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOU	ONTRIBUTING TO DE	CE OF ATH BUT NOT RELATED TO THE MEMIA PERATION WAS PERFORMED	TERMINAL DISEASE C	Y? 206. IF YES,	WERE FINDINGS U	
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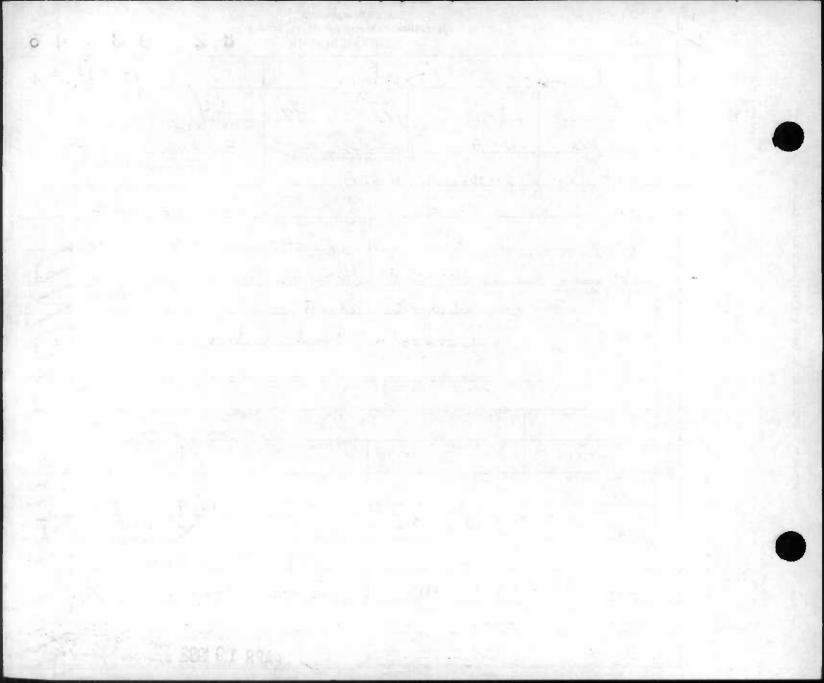
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BP. DHMH - 16 50M 1/B1 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be lined with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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	REGISTRAR				CENTIN	ICAIL OF DEATH	O	REG. NO	U	0	9 4
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retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours ofter death certificate be executed within 24 hours ofter death certoined by the haspital or oftending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fun a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within a with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.
DIVISION OF VITA	TO HOSPITAL OR ATTENDING PHYSICIAN The la retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicis should be detached for use as the burnal-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, ar remaval.

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LAST

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

SI	20 DATE OF DEATH	NO. O	DAY YEAR	2b HOUR
RFIELD		04/2	7/82	80 M
F BIRTH DAY YEAR 24 24	6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
NEVER MARRIED DO DIVORCED	Baltimorecit	AMD LE	City	MD
R OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR
13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRES	Bond	. St.	
15. MOTHER'S MAIDEN NA	MIDDL	- 1	ittle	51
17 INFORMANT		DRESS		
Roy Barfi	e19 503	1 Bo		t.
MATORY AKEE	ST_			CIMATE INTERVAL ONSET AND DEATH
L SEP515				

COUNTY

PART I. DEATH WAS CAUSED IMMEDIATE		LEST	
Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF (b) PNDINOCOCCAL SEPSIS DUE TO, OR AS A CONSEQUENCE OF	*	
	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	ADITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCC	YES NO CURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)

MEDICAL (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify tho (1) this haspital) attended the degeosed from (did not) view the body ofter death

HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

MIDDLE

Mao

Black

76. CITIZEN OF WHAT COUNTRY?

USA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

HOSP

13c. CITY OR TOWN

LAST

H:III

Baltimore

168. SOCIAL SECURITY NO

216-24-2714

and that in an (aur) apinion death occurred on the date and hour and fram the causes stated

21f LOCATION

CITY OR TOWN

STATE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22t. DATE SIGNED

GORDON

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

730	BURIAL,	CKEN	AUION	I, KEN	OVA
	(SPECIFY)	-			
		14		A	
		~	ur	10-	1

23c NAME OF CEMETERY Hill Cem

DEGREE

ma

24 FUNERAL DIRECTOR

FOR

REGISTRAR 1. DECEASED NAME

FIRST

136 COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))

STATE OR FOREIGN

miss .

- STATE

TYPE OR PRINTE

7a BIRTHPLACE

130. STATE

medical

event, the

Ö à

and Mental Hygiene prior 18 shows

marked or hem

MPORTANT

14 FATHER'S NAME

COUNTRY

10 CITY OR TOWN OF DEATH

Baltimore

(YES NO OR UNKNOWN)

ON

mo

Sambi

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

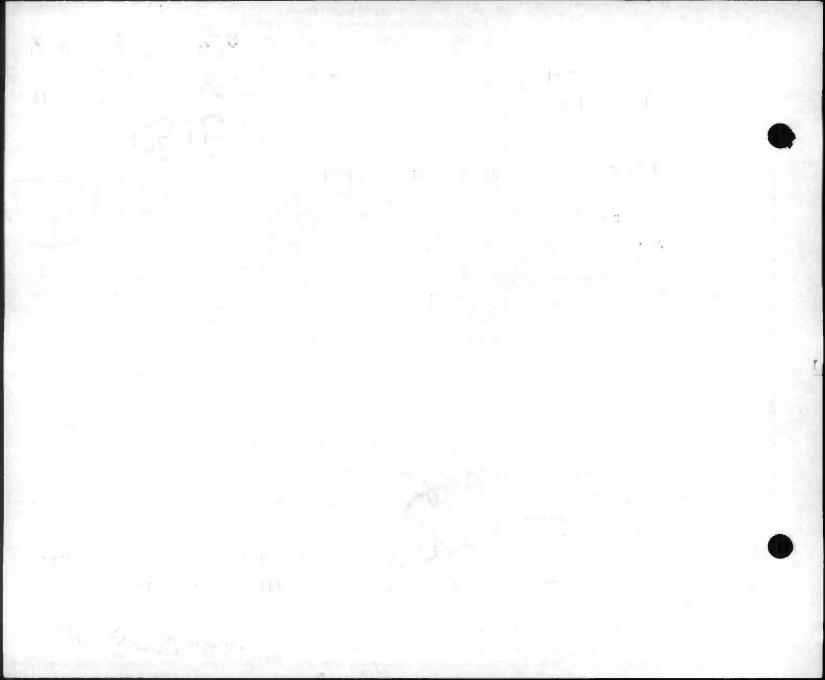
3. SEX

1101 E. North Ave march F/H

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filed in by the should be detached for use as the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 that the little with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shows ony injury, at other troumatic event, the medical

STATE OF MARYLAND

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1.	STATE REGISTRAR			DEI ARTH	CERTII	FICATE OF	DEATH	8	G. NO	0	8	9	5	0
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF	FDEATH A	NONTH I	DAY	YEAR	2b HOL	JR .
		JOHN		в.	В	AKNETT	E		APRI	L 2	5. 1	982	9:2	Op M
J. SE.	X .		4. RACE			OF BIRTH		6 AGE (INY	EARS LAST BIRTH		IF UNDER	DATS	IF UNDER	24 HRS
	Male		Whit	e	10	21	23		58	YRS	WUNTHS.	DATS	HOURS	MIN.
	RTHPLACE (STATEOR)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- M NEVER	MARRIED -	9 BALTIMO	RE CITY OR		OF DE	ATH		
	Maryland		USA		WIDOW		NORCED []	Bolti	more (25 + 11				MD.
-	TY OR TOWN OF DE	HTA	11. NAME OF	HOSPITAL, NURSIN	G HOME			12a USUAL	OCCUPATIO	N			BUSINE	
	BALTIMORE			AGNES 1		TAL		Cable	Splice Splice	OBL CBL		B.E	.W.	
USU.	AL RESIDENCE (IF NURS	I U COUN		GIVE RESIDENCE BEFORE			CITY LIMITS?	113e, STREET	ADDRESS					
M	aryland	ALC: U	timore	Catonsvi		YES [NO V		t. Des	Salae	Ros	be	21	229
14 FA	THER'S NAME					15. MOTHER	S MAIDEN NA			INTES				
	Jarvis	L	MIDDLE .	Barne	tte		Mable		MIDDLE E.		15	WOO	dy	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRES	S				17
	33	WW		216-12-	5675	Mrs.	Margar	et Bar	nette	S	ame	as	# 13	
NO	couse (a), stating underlying cause PART 2 OTHER SIGN	lost.	(c)	RAS A CONTEQUE	elic		D TO THE TERM		E OR COND	ITION GIV	EN IN P.	ART 11a		
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	NO[]	206 IF YES	YING C			TH?
MEDICAL CERT	21a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR! WHILE NOT WHAT WORK AT WO	CAUSE OF DEA CALEXAMINER RED	218. PLACE (AT HOME STR	M. MONTH DA M. OF INJURY REET, FACTORY OFFICE FA	19	211 LOCAT				IN ITEM 18 P				STATE
	22a I certify that (I) sow the decease above. (I) well (22b. SIGNATURE 22d. PHYSICIAN'S NA	ed alive on did id	1) view the bady	alter death. 198		DEGREE 2 D	ATTENDING PHYSICIAN [SS	MEDICAL DIRECTOR	STAFF PHYSICI	AN P	220	DATES	SIGNED	22
23a. E	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	236. DATE 4/29			EMETERY OR	CREMATORY	23d LOCA			COUNTY		- 5	Md.

BP DHMH - 16 50M 1/BI (VRA 15, 4)

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR Witzke P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

ADR 29 1982 Panels

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please remove carbanopapers. Pages 1 and 2 should be litted with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

any injury, ar other traumatic event, the

with the State Dept. or named or them 18 shows on)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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4 may be

STATE OF MARYLAND

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TF QF	DEATH	MONTH	DA	y y	EAR	7h HOI	IR	

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	CEASED NAME	FIRST						20 DATE	1 1	MONTH	DAY YEAR	2b. HOUR	0
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3. SE	X		4. RACE		5. DATE C		YEAR	6. AGE	IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 H	IRS
40.0	remale		Whit	e	12	07	1932	49		YRS.		MOOKS M	
	IRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVE	MARRIED [9. BALTI	MORE CITY O	R COUNTY	Y OF DEATH		
	laryland	1	USA		WIDOWE		DIVORCED [ltimo	re Ci	ty		MD.
10. C	ITY OR TOWN OF DI	EATH		OSPITAL, NURSIN		OR OTHER IN	STITUTION		AL OCCUPATI			F BUSINESS	OR
	Baltimore	- 0	UNION	MENORIA	L HOSE	ITAL			sewife			nakin	מי
USU.	AL RESIDENCE (IF NU	RS NG HO RE OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INISIDE	CITY LIMITS?	1120 STDE	ET ADDRESS				
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	YES, NO OR UNKNOWN)		E WAR OR DATES)	218-28				Domt			217 0		A
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MED	216. INJURY OCCU	VHIIE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCAT		K le	CITY OR TO	wĸ	COUNTY	STATE	
	220.1 certify that (saw the decea above (1) (ve)		ol) ottended the		82 01	ad that in (m	, 19 y) (our) opinio	n death occu	urred an the de	ate and hou	or and from the	that (I we) causes stated	
	226 SIGNATURE	4				DEGREE					22c. DATE	SIGNED	
	18-K		Inly	H. n	Q-		PHYSICIAN	MEDIC DIRECT	AL STAI		14/	3/82	_
	276. PHYSICIAN'S N	AME (TYPL)	7	Hex		22e. ADDRI	SSS C	08/	er D	C.	2	1204	5
	BURIAL, CREMATION	, REMOVAL	b. DATE	23c. N	NAME OF C	EMETERY OF	CREMATORY	23d. LC	CATION		COUNTY	STATE	
	Burial		4/7/	82 S	t.Mic	chael	's Lui		rry Ha	11	Marvla		id.
24 FI	UNERAL DIRECTOR				- 4		25g. D.	ATE REC'D. F	Y REGISTRAR	25h REGIST	RAR'S SIGNA		ملكن

DODDBP. DHMH-16 30M 2/80 (VRA 15, 4)

retained by the haspital or attending physician.

Lassahn Funeral Home

7401 Belair Road

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executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpapers-Pages 1 and 2 should be filed within 71 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumotic event, the medical

STATE OF MARYLAND

8	Z. NO	0	8	9	5	-
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1	1 - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 NO 0	8 9 5 2
Ī	1. DECEASED NAME FIRST (TYPE OR PRINT) HERRY.	WIDDLE	Barthel	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 145
I	3. SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
-	male BIRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTY	January 14, 1905	77 YRS 9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Maryland	U.S.A.	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Baltimore (i	+11 MD.
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
1	USUAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BE	OWN 13d INSIDE CITY LIMITS?	AME ADDRESS	Spring Rd.
+	William C. Bart 16a WAS DECEASED EVER IN U.S.	hel ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	G. Wagner ADDRESS	
	(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 212-16	-3441 Mrs. Minni	e Banthel 1507	Sulphua Ingino R
	Canditions, if any which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		hime Bowy	20a AUTOPSY? Z0b. IF YE	S, WERE FINDINGS USED
	RIFE			YES NOW Y	FYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE, FARM ETC)	CITY OR TOWN	COUNTY STATE
	sow the deceased alive abave (1) we (aid) did			n death accurred on the date and ho	that (I) (we) lost ur and from the causes stated
	22b. SIGNATURE	= f=n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 4/30/87
	Keith	Levitt	22e ADDRESS	ones Hospital	
	230 BURIAL, CREMATION, REMOVA	5/3/82	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
1	Durial 24 FUNERAL DIRECTOR	ADDRES	Meadowridge Lemeter 250 DA		TRAR'S SIGNALING
	Ambrose Funeral	Home, Inc. 1328	Sulphur Sp. Rd. 1	IPK 3 C 1982	or Agentination

DHMH - 16 50M 1/8I (VRA 15, 4)

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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed

retained by the haspital or attending physician

TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Mealth and Mental Hygiene priar to burial, cremation, ar remayal.

director, page 3 hours after death

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	Z REG. NO.	0	8	9	5	
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	CEASED NAME FIRST OR PRINT)	WIDDLE	ı	AST	20 DATE OF DEATH	MONIH DAY	YEAR	26 HOUR
	Herman	C.	Bar	tling	Apri	1 18, 19	982	9:55
3 SEX		RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR	IF UNDER 24
1	Male	White	Marc	th 30% 1914	68	YRS	HS DATS	HOURS A
7a BIR		6 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY O	1110	DEATH	
Ge	ermany	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED D	Baltimo	re City		
10 CIT	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPATI	ON II	76. KIND O	F BUSINESS
	Baltimore	Mary land Gen		spital	Exterminat	OF WORKING LIFE	Pest	Contr
13a S1	TATE TYLAND 136 COUNT	TY BATTI		13d. INSIDE CITY LIMITS? YES MO	130. 244 6 DAD RESS	Charles	Stree	t
14 FA1	THER'S NAME FIRST William Ba	r atling		15. MOTHER'S MAIDEN NAM	Anna Zimmer	mann	LAST	1
[18	AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES CIVE	MED FORCES? 166 SOCIALS 071 14	7870	17. INFORMANT Joyce M. Kle	ADDRE	SS	La 21	.045
	18 CAUSE OF DEATH Enter only	one couse per line for (a), (b)	, and to			T	APPROXII	MATE INTERVA
	PART I. DEATH WAS CAUSED	BY: Metas	tatic C	arcinoma of P	harynx		25.707	May La
	1490 IMMEDIATE	CAUSE (U)	***************************************					
	Conditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF					
gave rise to immediate								
	underlying cause last DUE TO, OR AS A CONSEQUENCE OF							
1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	INIAI DIEEASE OR CONT	DITIONICIVENI	ALDADT I	
Z			TO DEATH DOT	THE TERM	INAL DISEASE OR CON	DITION GIVEN	Y FAKI I O	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
IFIC	3/25/82	Gastrocuta	neous F	istula	YES NO	IN CERTIFYING	G CAUSES	OF DEATH?
E.	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			The state of the s	103		140
U	ALE VCCIDELAL MYS DIADERTING			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EV IN ITEM 18 PART 1	OR PART 2)	
	OR CONTRIBUTING _ CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
			DAY YEAR	21t. HOW INJURY OCCURR			-	
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	19		ED (ENTER NATURE OF INJUI		OR PART 2)	STATI
MEDICAL	OR CONTRIBUTING CAUSE OF DEATI (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO		-	STATI
MEDICAL	OR CONTRIBUTING CAUSE OF DEATI (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOTIFY HIEE AT WORK 72a.1 certify that XI (this haspital)	H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ice. FARM ETC)	21f LOCATION STREET ary 23 19 82	CITY OR TO	wn, 19.3	county	that X: (we)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATI (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURED WHILE NOT WHILE AT WORK	H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ice. FARM. ETC.) The February Sept. 19	ary 23 19 82 and that in (my) (aur) apinion of	CITY OR TO	wn, 19.3	COUNTY 82 . t	that X : (we)
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MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER) 72d. I certify that X (this haspital sow the deceased abuse obove. A) (we) (did) with harmonic control of the deceased	H HOUR A.M. MONTH P.M. 71e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF APril 18 view the body ofter death.) PRINT) d. M. D.	ice FARM ETC) The February Service of the Service	21f LOCATION STREET 21f LOCATION STREET 19 82 and that in (my) (aur) apinion of the description of the de	CITY OR TO	8 19 Ste and haur and	82 td from the c	that X : (we)
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURED WHILE NOT WHILE AT WORK 27d. Certify that (this haspita saw the deceased abye or above. A) (we) (did) MAX MOTI 77b. SIGNATURE 77d. PHYSICIAN'S NAME (TYPE OR	H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF 21) attended the decoased fro April 18 view the body after death. PRINT) 23b DATE 27b DATE	TO THE PROPERTY OF COMMENTS OF	21f LOCATION STREET 22 19 82 and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 222 ADDRESS C/O Mary EMETERY OR CREMATORY	To April 1 Jeoth occurred on the do MEDICAL STAR DIRECTOR PHYSIC And Genera 1734 LOCATION	8 19 19 19 19 19 19 19 19 19 19 19 19 19	82 to d from the co	that XI (we) couses states SIGNED 9-82
WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DEATI (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 77d. I certify that XI (this haspital sow the deceased above as above. A) (we) (did) MIZA ADTI 77b. SIGNATURE 77d. PHYSICIAN'S NAME (TYPE OR KRISHNA Prasa) URIAL, CREMATION, REMOVAL	H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF 21) attended the decoased fro April 18 view the body after death. PRINT) 23b DATE 27b DATE	TO THE PROPERTY OF COMMENTS OF	21f LOCATION STREET 22f LOCATION STREET 22f LOCATION STREET 22 AD RESS 22 ATTENDING PHYSICIAN 22 ADDRESS C/O Mary EMETERY OR CREMATORY EVEN Memorial	CITY OR TO	8 19 3 stee and hour once IAN A 1 Hospitanie, An	d from the color DATES	that X: (we) couses states 9-8-2 undel,

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STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGICAL

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REG. NO.	
ILC. ITC.	

11.	- STATE REGISTRAR			OLI A	CERTIF	ICATE OF DEATH	8	REG. NO.	0	8 9	5	Ö
	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE	OF DEATH MON	TH DAY	YEAR	2b HOU	JR
11111	OK PRINTS	Charl	es A		Bat	t		04	17	82	10:2	25p
1 SE	Х		4 RACE		5. DATE C		6. AGE (II	N YEARS LAST BIRTHDAY		UNDER 1 YEAR		
1	Male		Whit	e	Dec		65	5	YRS MON	NIHS DAYS	HOURS	M IN.
Fi. 8	IRTHPLACE (STAT	TE OR FOREIGN		F WHAT COUNT	RY? 8		9 BALTIM	ORE CITY OR CO		FDEATH		
	West Vir	ginia		USA	WIDOWE	DIVORCED		imore	C	tu		MD
	ITY OR TOWN OF		11. NAME O	F HOSPITAL, NUI	RSING HOME	OR OTHER INSTITUTION	120. USUA	LOCCUPATION		12b. KIND	F BUSINE	
B	altimore			UCHFACILITY, GIVE ST		spital	Reti	ORK FOR MOST OF WOR	KING LIFE)	Rail	haar	
WSU.	AL RESIDENCE IN	NURSING HOME O	ROTHER INSTITUTIO	IN, GIVE RESIDENCE BE	EFORE ADMISSION)	-				nalli	OBO	
1474	STATE	Alla	gany	Cumber		13d INSIDE CITY LIMITS		T ADDRESS	- A			
	ATHER'S NAME	Lytte	gany	Toumber	Tano	15. MOTHER'S MAIDEN		Marylan	Q AVE	2.		
1	FIRST		MIDDLE	LAST		FIRST	27	MIDDLE		1 LAS	ST	
160 V	WAS DECEASED E	AWTENCE		166 SOCIALS	ECURITY NO	17 INFORMANT	E Mas	ADDRESS				
	YES, NO OR UNKNOW		VE WAR OR DATES)							3		
	Yes		· II	1232-01		Mrs. Cathe	rine Ba	tt, Cumb	erlar	nd, Md.	Wif	e
	PART L DEAT	DEATH (Enter a TH WAS CAUSI	nly ane cause p	er line far (a), (b)	9.	1				BETWEEN	ONSET AND	DEATH
	100		TE CAUSE (a)_	Caro	alac	arrest	100					
16	187	0	DUE TO,	OR AS A CONSE	OUENCE OF	A						
	Conditions, if ony, which gove rise to immediate (b) Myocardial inforction											
	gove rise to		DUETO	OR AS A CONSE	OUENCE OF	0				10.00		
	underlying o	ause last.	(c)_									
	PART 2 OTHER	SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	ASE OR CONDITIO	ON GIVEN	IN PART 1	0	
CATION	what	beter,	wellit	us le	retarta	he (2) Kide	use fre	mar				
E E	190 DATE OF OP	PERATION	196 CON	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AU	TOPSY? 20b	IF YES, V	VERE FINDI	NGS USER	D
1	1 4//6/	82	1(2)) Kidue	y how	4	YES 🗔	NON	YES [G CAUSES	NO DE AT	
CERTIF	710. ACCIDENT WA			OF INJURY	0	21c. HOW INJURY OCC	CURRED (ENTER		TEM 18 PART	1 OR PART 2)	-	
14	OR CONTRIBUTING	CAUSE OF DE		A,M. MONTH P.M.	DAY YEAR							
MEDIC	21d INJURY OC	1 111		E OF INJURY	19	711 LOCATION				1.1.2		
×	WHILE NI	OT WHILE	(AT HOME, S	TREET, FACTORY, OFF	ICE, FARM, ETC)	STREET		CITY OR TOWN		COUNTY	5	TATE
1		WORK L	ital\ attandad	the deceased fro	41.	4 10 8	2	4/17	10	22	al auto (. (1.)
		ceosed alive ar	11/1-		0-	nd that in (my) (our) opin	ion death accur	red on the date o	nd hour o		that (I) (v	,
	obove, (I) (v	ve) (did) (did no	at) view the bac	ly after death.			- death accor	red all life dole o	1001 01			red
	226. SIGNATURE	1	00.			DEGREE ATTENDING	G _ MEDICA	L _ STAFF		22c. DATE	SIGNED	7
13		/44	un			PHYSICIAN	DIRECTO	R PHYSICIAN		17/1	8/50	2
	22d PHYSICIAN	S NAME (TYPE	OR PRINT)			22e. ADDRESS	Cal	C	2	0.	1.0	
	1110	IFFE	K			1720 M	c Elde	my st.	· K	who_	ND	
23a. E	BURIAL, CREMATI	ON, REMOVAL				EMETERY OR CREMATO		CATION ITY OR TOWN		OUNTY		TATE
	Burial		Apr.2	21,1982	Hiller	est Burial 1		umberland	i. Al	legan		TAIL
24. FL	UNERAL DIRECTO		1 102			250	PATE REC'D. BY	REGISTRAR 256	EGISTR4			
	Ja	ames F.	Scarpe	ADDRE	mborlon	a wa	35 12 12 12 12 12 12 12 12 12 12 12 12 12	1307	lance	U	-	

James F. Scarpelli, Cumberland, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

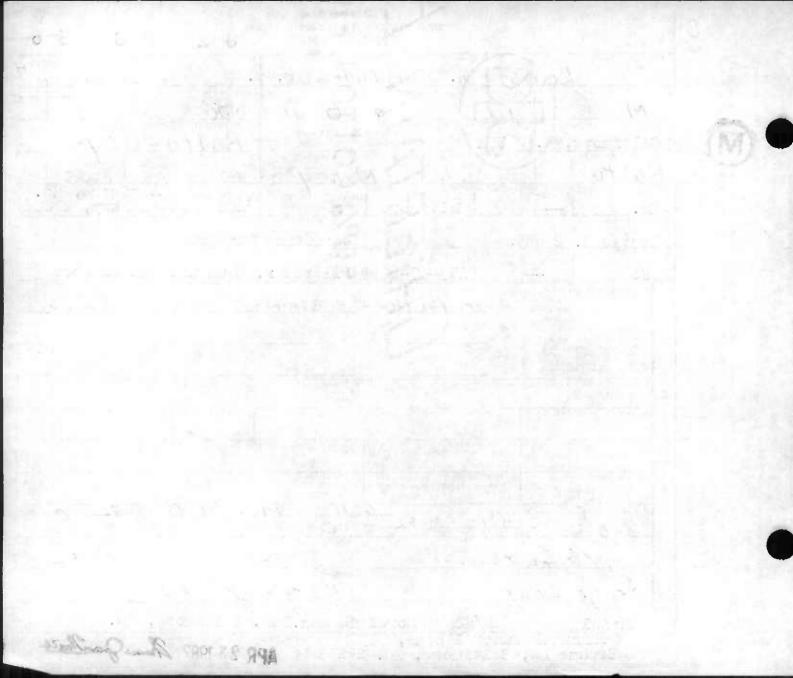
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STATE OF MARYLAND

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_	REG. NO.					

1	FOR STATE REGISTRAR			OF HEALTH AND MENT TIFICATE OF DEAT	2 2	2 (NO.	8 C	1 5	6		
	ECEASED NAME FIRST		WIDDLE	IAST	20 DATE C	OF DEATH MONTH	DAY YEA	2 2b HO	UR _		
(146	L GI	115	W. 130	auhau:	c.sr.	4	-21.8	2 8.0	10 M		
1.58	X	4 RACE		TE OF BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER TY	EAR IF UNDE	R 24 HRS		
100	M	1.1	M.	ONTH CAY YE	AR Am	10	WONTHS DA	NTS HOURS	MIN.		
JE" 1	INTHELACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIM	ORE CITY OR COU		1			
1	Baltimore, Md	. USA		RRIED X NEVER MARRI	ED 1	1110	Cit.	1			
	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOA			OCCUPATION	12b. KI	D OF BUSIN	MD.		
1	3 at to TAL RESIDENCE (IF NURSING HOME		CH FACILITY, GIVE STREET ADDRESS	Mercy	Wel	RK FOR MOST OF WORKIN	NG LIFE) INDUST	eel			
136.	Md. 136 CO		13c CITY OR TOWN Baltimore	13d. INSIDE CITY LIA	13e STREET 6202	ADDRESS Ba Easter	ltimor n Pkwy	re, Mo	d. 206		
14. F.	ATHER'S NAME FIRST	MIDDLE	(AST	15. MOTHER'S MAIL	DENNAME	MIDDLE	14	LAS1			
	George H. Bar	uhaus		Christ	ine Seif	ert	110	CAST			
160		ARMED FORCES?	166 SOCIAL SECURITY NO			ADDRESS					
	No No		213-07-60	50 Mildre	d F. Bau	haus, sa	me as	abov	е		
	18 CAUSE OF DEATH (Enter	anly ane couse per						ROXIMATE INTE			
	PART 1. DEATH WAS CAUS	SED BY. ATE CAUSE (a)	ASTrocyton	1A - Bro	LIN		-	mouth	S		
	1919		R AS A CONSEQUENCE O					1			
	Conditions, if any, which	anditions, if any, which									
	gave rise to immediate cause to, stating the	mmediate									
	underlying cause last	DUE TO, O	K AS A CONSEQUENCE O								
z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PAR	T 1(a			
CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUT	OPSY? Z0b. IF	YES, WERE FIN	DINGS USE SES OF DEA	TH?		
ER.	710. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	21c HOW INJURY	OCCURRED (ENTERN						
100	OR CONTRIBUTING CAUSE OF D			AR							
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	71e PLACE		711 LOCATION							
WE	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, FARM, ETC) STREET		CITY OR TOWN	COUNTY		STATE		
	22a.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did)	7 7 7	0 1982	ond that in this (our)	79, to	ed on the date and	hour and from	the couses st	(we) last loted		
	27b. SIGNATURE	and in		DEGREE ATTENI	DING MEDICAL	STAFF	11/	ATE SIGNED			
	22d. PHYSICIAN'S NAME (TYP	(CELEINT)		77e ADDRESS	and the control	4	1.7				
	Reprod /	Dail		3703 8	Belgir Pr	1 212	12				
73a	BURIAL, CREMATION, REMOVA	AL 23b. DATE	1230 NAME C	OF CEMETERY OR CREMA	ATORY 123d LOC	ATION					
	Burial	4/24/		eland Mem.	CIT	ltimore,	Md.		STATE		
24 F	UNERAL DE C'ALIMUNE				750. DATE REC'D. BY	-	STRARIE NO	100 -	,		
	Brehms T	a. Bal	timore, Md	21213	ADD 2.3	1982	con Sta	miles	2		
-		,	, I'I'		11/20	100	V		_		

OHMH - 16 50M 1781 (VRA 15, 4)



requires that the death certificate be

within 24 haurs after death. Page 4 may be

and campletely filled in by the funeral object 1 pand 2 shauld be filed within 72 h

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or them 8 shows any injury, or other traumatic event, the medical.

STATE OF MARYLA
DED ADTAINED OF HEALTH AND A

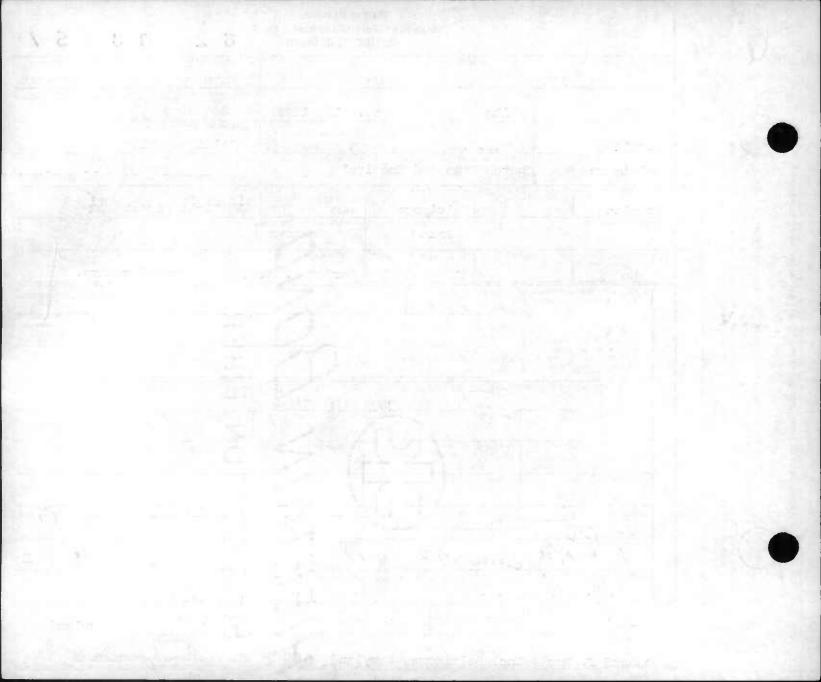
ND RENTAL HYCIENE

REG. N	0.0	8	9	5	
OF DEATH		DAN	11 F 1 F	La live	

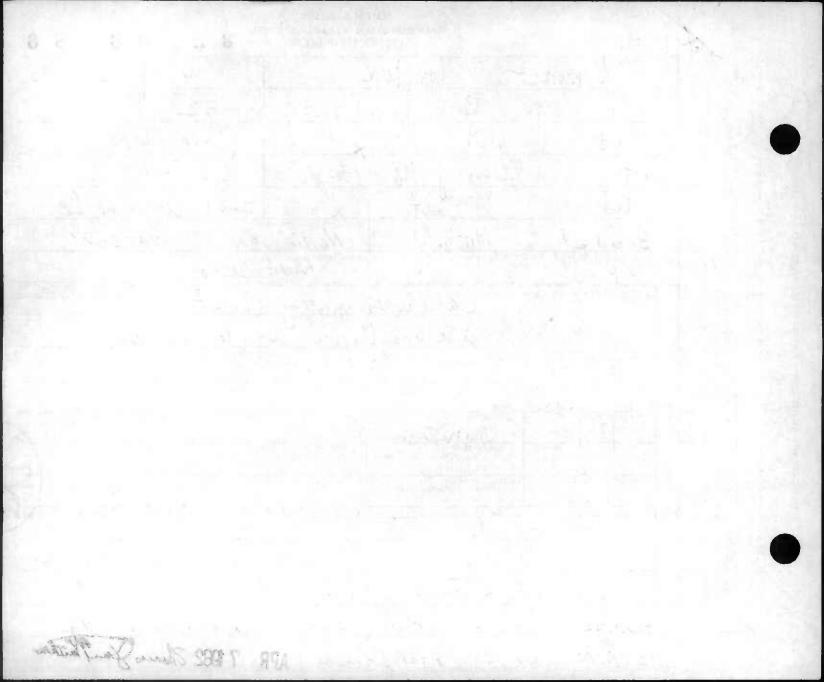
FOR 1 - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	0	8 9	5 7
I DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
PA		J.	BAUM		APRIL 19	9. 1982		10:25 A
3. SEX Male	4. RACE White		5. DATE O		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY			MD
Baltimore		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Contract	OF WORKING LIFE	INDUSTRY	Employed
Maryland	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimor	N	134 INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 610 Light	Street		
14. FATHER'S NAME FIRST	MIDDLE	Ba'ûm		15. MOTHER'S MAIDEN NAM Unknown	ME MIDDLE		LA!	51
16a WAS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
NO (JES NO OR UNKNOWN)	S, GIVE WAR OR DATES)	213-28-2	2481	Gordon F. Ba	um 5006 F	rankfor	rd Ave	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	(b)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO C CHRONTC	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVE	N IN PART 1	0
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND			N WAS PERFORMED	20a AUTOPSY? YES NO Y	206. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
OR CONTRIBUTING CAUSE O (IF EITHER NOT IFFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	F DEATH HOUR A		19	21c. HOW INJURY OCCURR 211. LOCATION STREET	RED (ENTER NATURE OF INJU		RT 1 OR PART 2)	STATE
22a.1 certify that (1) (this has a saw the decessed alive above, (1) (we) (did) (di	TO DO WIL	4.0	, ,	d, 19 82	, toAPRII death occurred on the d	19, 10		that () last causes stated
226. SIGNATURE 22d. PHYSICIAN'S NAME (1	Zem	imp	N		MEDICAL STA		22c. DATE	9/82 4-19-85
A. F. NAZ	EMI, M.D.			100 N. BROAD	H HOSPITAL WAY, BALTIN			231
230 BURIAL, CREMATION, REMO BULLIA		22,1982	Oak 1	EMETERY OR CREMATORY Lawn	Baltimor	e	Mary	land
14 FUNERAL DIRECTOR NAME Leonard J. Ruc	ck, Inc. I	ADDRESS Baltimore	, Mar		1 14M The	ISE REGISTR	MAT STATE	URE

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician



*	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 8 260. No. 0 8 9 5 8
Seath 3		LEASED NAME OF DEATH
	1.5E	MONTH DAY 29 52 YRS WONTHS DAYS HOURS MIN.
33		MARRIED NEV R MARRIED NEV R MARRIED NOT BEALTIMORE CITY OF COUNTY OF DEATH WIDOWEDS DIVORCED MD.
38	10 6	(I NOT IN SUCH FACILITY OF THE POST OF WORKING (IFE) INDUSTRY
hin 24 ha	130 3	TATE 136 COUNTY 137. 136 COUNTY 137. 137. 138.
omplete ond 2)	Brodie Mitchell Natile of MIDLE WATSON
be exect		AS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)
es that the death certificate red by the attending physici please remove carban paper ural, cremation, or removal.		Conditions, if any, which gove rise to immediate cause last underlying cause last (c). DUE TO, OR AS A CONSEQUENCE OF SIP CVA
n. no. nos been sigi	CERTIFICATION	PART 2. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
PHYSICIAN. The tending physicio this certificate by the buriol-transit and Mental Hygie ed or Item 18 sho	MEDICAL CE	216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 219. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)
ATTENDING sspital or of CTOR After d for use as if	,	22a.1 certify that (1) (this haspital) attended the deceased from 19 that (1) (we) last sow the deceased alue on above, (1) (we) (did foil view the body after death.
TO HOSPITAL OR etained by the hot TO FUNERAL DIRE should be detached with the State Deptiment of the State Deptime		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 270 ADDRESS 270 ADDRESS
BP Should be sho	23a 6	URIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY HAS BZ 1/18 8 Z 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BZ 1/18 6 ARK REMOVAL 236 DATE 1 COUNTY HAS BY ARK REMOVAL 236 DATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	NERAL DIRECTOR ADDRESS 1761 LAURENS APR 7982



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ar attending physician.

haspital

BP

(VRA 15, 4)

cremation, ar rem ar ather traumatic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		DEPARTM		ICATE OF DEATH	8 2 REG. N	0	8 9	5 9	
DECEASED NAME FIRST	R	MIDDLE	BA	INARO	20 DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR 1440 M	
3. SEX	4 RACE	c	5 DATE C		6 AGE (IN YEARS LAST BIR			UNDER 24 HRS	
o. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carlina	U. S		WIDOWE		9 BALTIMORE CITY C	R COUNTY OF		MD	
Baltimore City	Univer:	sity of M	aryla	nd Hospital	TYPE OF WORK FOR MOST C Nurses Aid	OF WORKING LIFE)	126 KIND OF BUILDUSTRY. Nursing	JSINESS OR	
North Carolina		13t CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO 🔼	Box	63		1	
1. FATHER'S NAME FIRST Ralph	WIDDLE	Ruppe		Beula Beula	WIDDLE		Dobbin	s	
60 WAS DECEASED EVER IN U.S. A (YES, GO OR UNKNOWN) (IF YES O	ARMED FORCES? GIVE WAR OR DATES)	244-68-7		Max Baynard	ADDRE	on, Nor	th Caro	lina	
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, O	ACUS E R AS A CONSEQUE R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			APPROXIMATI BETWEEN ONSE	EINTERVAL	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	98 DATE OF OPERATION 196 CONDITION FOR		H OPERATION WAS PERFORMED		20g AUTOPSY?	206 IF YES, WIN CERTIFYIN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
OR CONTRIBUTION CALLER OF A	CAIR	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)		
OR COMINIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY PEET FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please removith the State Dept. of Health and Mental Hygiene prior to burial, crema IMPORTANT: If Item 21 is marked or Item 18

230 BURIAL, CREMATION, REMOVAL Burial

22h SIGNATURE

236. DATE 4/7/82

22a. | certify that this haspitally attended the deceased from

23c NAME OF CEMETERY OR CREMATORY Camp Creek Baptist

DEGREE

22e ADDRESS

ATTENDING

23d. LOCATION Cempnion Mills Rutherford

2, and that in (my) (ppinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81

24 FUNERAL DIRECTOR
Marzullo Funeral Service

Reisterstown, Md.

22c DATE SIGNED

c . 8 U . . 5 STORY IN THE STORY TANK THE PARTY OF minus 22 seems (Addigeon busiyas) to themstand with months court Sarolina Golk Tryon and Sarolina days

.U.A. Brown affir notes to regress there only Shifty Lavour Care.

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completely filled in by the funeral

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	Z REG. NO	0	8	9	6	0
		CE ASED NAME OR PRINT)	FIRST		AIDDLE		AST	20 DATE OF		ONTH		YEAR	26 HO	
			ARY	BET	ΙY		AZEMORE		APRIL		198			:40RM
	3. SE			4 RACE		S. DATE C		6 AGE INY	EARS LAST BIRTH	IDAY)	MONTHS	DAYS	IF UNDE	R 24 HRS
		FEMALE		WHITE	3	6	- 8 -1895	8	6	YRS.				7.0
		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH		
1		ORTH CAROL	INA	U.S.	.A.	WIDOWE		BALT	IMORE	CITY	7			MD.
-	II,ci	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATIO				F BUSIN	ESSOR
>		ALTIMORE	SING HOME OF	CHURCH	HOSPITAL	INC.		(TYPE OF WOR	K FOR MOST OF		CMAKE	USTRY		
1	13a S	TATE	DI COUI	VTY	13t. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS					
	-	ARYLAND	BALT	IMORE	DUNDALK		YES NO X		BAYBR	IAR F	D.	212	22	
0	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	MIDDLE		1	LAS	T	
1		MEAD			CASPER		KATE		-94		TI	LLE		
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRES	S				
X	(,	NO	(11 123.01	t WAR OR DATES!	212.74.	9148	Maureen Niel	Lsen	Same	as	13e			
	NO	Conditions, if any gave rise to im couse (a), stati underlying couse PART 2. OTHER SIG	mediate ng the e last.	(b) DUE TO, OR (c) CONDITIONS CO	ALTHEROS	IVE H	EART FAILURE TIC CARDIOVAS NOT RELATED TO THE TERM				VEN IN P	ART 100	o'	
_	ATIC	190 DATE OF OPERA			TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20b. IF YE	S. WERE	FINDIN	IGS LISE	D
2	MEDICAL CERTIFICATION	MARC 21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	DERLYING CAUSE OF DE	1982 0 216. TIME OI HOUR A.A	FINJURY M. MONTH DA	X VOL	ULUS OF CECUM	YES 🗌	XXON	IN CERTI	FYING C	AUSES		TH?
	MED	21d. INJURY OCCUR		21e PLACE C	EET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOW	N	cou	NIY		STATE
		220.1 certify that (1)	this hospi		14, 19 ofter death.		and that in (my Cour) opinion DEGREE ATTENDING PHYSICIAN	death occurre	DRII 1 d on the dote		er and fro	om the	that (1) couses st	oted
		22d. PHYSICIAN'S N	v	SIVAN			22e ADDRESS CHURC BROADWAY BA	CH HOSP ALTIMOR	ITAL (ORPC MARYL			100 231	N.
		URIAL, CREMATION,	REMOVAL	236. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCA	OR TOWN		COUNT	٧		STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detacked for use as the burial-transit permit. Then please remove carbanpapers. Fixith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL

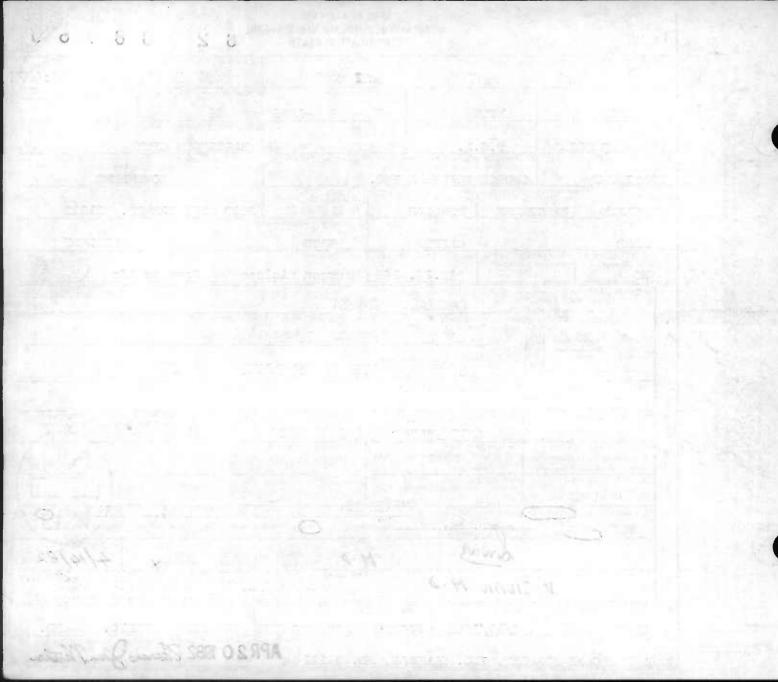
24 FUNERAL DIRECTOR

ADDRESS WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

4/17/1982

SACRED HEART CEMETERY DUNDALK APR 2 0 1982 Carnes

BALTO. MD.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME LAST 2h HOUR THE OF MINT 3. SEX 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYS IF UNDER ! YEAR IF UNDER 24 HRS MONTH BAIS 66 VRS ME BURTHPLACE 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House Wife 135 COUNTY 13d. INSIDE CITY LIMITS? H. FATHER'S NAME 17 INFORMANT S. Sm Beale Smallwood St. THE NOTICE UNKNOWNS I FIR THE GREWAR OF DATEST no 216 George IL CAUSE OF DEATH Extended angefruie per like to BETWEEN ONSET AND DEATH PART I. DEATH WAS CADSED BY and tions if any pwlich GNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21s. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF HEATH IN ETHER NOTIFY WEDICAL EXAMINED 19 THE INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET STATE AT WORK TON AT WORK 21st certify that (I) (this haspital) attended the deceased fram saw the deceased alive an ..., and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated shows. (It (we) (stid) (did not) view the bady after death GNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MURUHENS 230 BURIAL, CREMATION, REMOVAL

Loudon Park Cem.

3512 Erederick Ave.

4-16-1982

Balto. Md. 21229

Burial

Schwab

STATE

Balto. Md.

250. DAJE REC'D. BY REGISTRAR 255 REGISTRAR SIGNARDE

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR - STATE 3. SEX 130 STATE Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

,	IENE	8	2 REG. 1	٧٥.	0	8	9	6	2
	20 D	ATE OF	ZL4/	82	\$	4/2	YEAR 24/8	26 HOL	14 M
	6. AG	E TINY	EARS LAST B		/ps	IF UNDE		# UNDER	

REGISTRAR FLAINE JOYCE BECK DECEASED NAME TYPE OF PRINTS ELAINE DYCE DATE OF BIRTH MONTH Female White Dec. 11, 1926 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Church Hospital (TYRE OF WORK FOR MOST OF WORKING LIFE)
Supervisor Bindery Baltimore JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1136 COUNTY 1136 CITY OR TOWN 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YES XX NO [3327 Elm Avenue 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Laurence E. Miller Sr. Rebba C. Allen LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 22 2099 Laurence E. Miller Jr. 122 E. Timonium Rd. no

18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one cause per line far (a), (b), and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	CAUSE (a) CARDIO RESPIRATORY ARREST		
7213	DUE TO, OR AS A CONSEQUENCE OF	areas and the same of	
Conditions, if ony, which gove rise to immediate	(b)		
couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the ter	rminal disease or con	NDITION GIVEN IN PART 110
19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
APRIL, 20, 198	2	YES X NO	YES NO X
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 RART OR PART 2)

STREET

a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED
APRIL, 20, 1982		
In ACCIDENT WAS UNDERLYING	216 TIME OF IN ILIRY	214 HOW IN HIPY OCCUPES

DAY

SHET

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

YEAR 19 211 LOCATION

COUNTY CITY OF TOWN STATE

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 4/24 obove, (I) (We) (did (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNE	D
4/24	182
 1	

230. BURIAL, CREMATION, REMOVAL	23b. DATE
Burial	4/2
Durial	4/2

DEGREE

23d. LOCATION CITY OF TOWN Woodlawn

24 FUNERAL DIRECTOR

Burgee Funeral Home 363TorFalls Road 21211

Lorraine Park Come Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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217 22 2009 Laurence E. Miller .r. 122 2. Mimonium M.

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	7	FOR - STATE REGISTRAR			NENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	8	2 G. NO.	0 8	9	6 3
		ECEASED NAME FIRST E OR PRINT) EM A	NUEL	DANIEL	BE	CKER	2a DATE OF	DEATH MONTH	3-19	-	B.45pm
(M)	3. SI	m ALE	4 RACE	∨ HITE	5. DATE (DAY YEAR	0.4	EARS LAST BIRTHDAY)	IF UNDER I		UNDER 24 HRS
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s offer by the fulled with	2 10.0	CITY	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	G HOME (OF BALTO.		OCCUPATION RKR MOST OF WORKIN			USINESS OR ST OFFIC
filled in ould be f	13a.	STATE MARY LAND 136 COUL		BALTIMO		13d INSIDE CITY LIMITS?	2500ET	A VPBELVEDE	RE AVE	2	21215
mpletely ond 2 sh) [4, F	ATHER'S NAME FIRST	MIDDLE	BECKER		15 MOTHER'S MAIDEN NAME FIRST	ME	WIDDLE	Va	LAST	TWA!
n and ca	16a	WAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	216-44-3				BECKERS REISTERST	4		21136
quires that the death certification by the attending parties by the ottending parties obtained by the ottending parties of build, cremation, or team juty, or attent traumatic ever	NO	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	NCE OF	ACULE NOT RELATED TO THE TERM	MI-		GIVEN IN PA		lns.
he low recon. hos been prior t permit. The prior t	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		YES, WERE F RTIFYING CA YES I	USES OF	
KCIAN: T g physici entificate ind-fransi ntol Hygi	/	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	-1111	DE INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTERNA	TURE OF INJURY IN ITEM	1B PART 1 OR PAR	R1 2)	
offending fer this c is the bur hond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, FA	RM ETC 1	21f LOCATION STREET		CITY OR TOWN	COUNT	TY	STATE
ATTENDIN spital or CTOR Af Ifor use a of Health		22a. I certify that (I) (this haspe saw the deceased alive an abave, (I) (we) (did) (did no		4-3 10 5		-23 , 19 82 ad that in (my) (aur) apinion (d on the date and	haur and from		t (It (we) last
AL OR , the ho AL DIREI DIREI DEPOT LE DEPOT LE LE HEM	1	22b. SIGNATURE	u. 915			MD. ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN (1)	. 1	DATE SIG	1982
O HOSPIT, etoined by TO FUNER, should be d with the Sto		22d PHYSICIAN'S NAME (TYPE OF HARESH	ASNA	NI, M	D.	22e ADDRESS SINAI				ALT	0,
7. S Y K	23a	BURIAL, CREMATION, REMOVAL	23h DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCA	TION	COLUMN		(1.47

DHMH - 16 50M 1/B1 (VRA 15, 4)

APR. 5,1982 SHAAREI TFILOH.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215

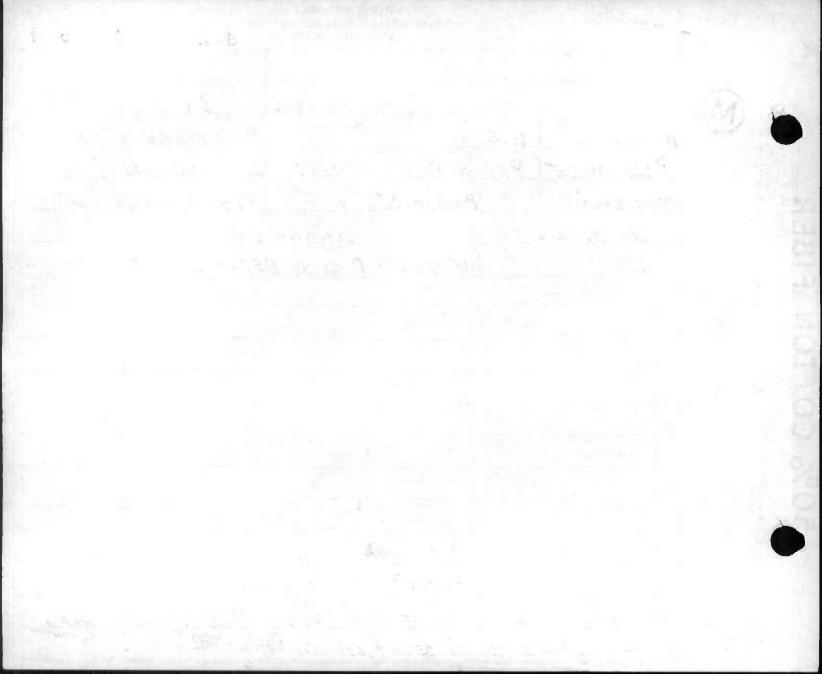
BALTIMORE

MARYLAND

6 0 1 6 1 2 8 Section 12 and 15 and 1 Control of the Contro 27.25 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)



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		STATE	4)07			CERTIFICATE C	EDEATH ()	REG. NO 8	9 6	5 5
7	1. DEC	CEASED NAME FIRST	lau	MIDDLE		LAST	20. DATE KNO	HTMOM NWC	DAY YE	AR 2b HOUR
/	(TYP)	E OR PRINTI	MES F	2		BELL	OF E	ATED XX 4	3 19	82 M
N	3. SEX		5. DATE OF BIRTH	YEAR LAST BI		NDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH		EAR 2d HOUR
M	m	ale black	IO 13		500 S.	THS DAYS HOURS	MIN PRONOUNCE DEAD	4	4 198	3:15A
ı	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8 MARE	RIED NEVER MARR	P. BALTIMOR	CITY OR COUN	TY OF DEATH	4
1	WI	Lliamston, N	. Car.	(USA)	WIDOV	_	ED 🗆 Balt		ity	MD
		altimore	(IF NOT IN SUCH FA	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRI BIK N. HO	551		FOR MOST OF WORKING		OR INDU	BUSINESS JSTRY
		L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G		MISSION]	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Iton Av	e.	
1	14. FA	THER'S NAME	440015			15. MOTHER'S MAID	EN NAME			
7	Fu	gene	WIDDLE	Bell		Annie	MIDDL	Spel	ght LAST	
1	16c. V	AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		DDRESS		
	N		On United			Annie R.	Bell 170	i Bradi	sh Av	e.
		18 CAUSE OF DEATH (Enter o	ID DV				1 1 1 1 1 1			MATE INTERVAL
		1/29 a IMMEDIA	TE CAUSE (a) _Ar			cardiovasc	ular diseas	e		
2301		Conditions, if any, which		R AS A CONSEQUEN	CE OF					
		gave rise to immediate couse (a) stating the under		AS A CONSEQUEN	CE OF					
		lying cause lost.	(1)	CAS A CONSEQUEN	CE OF					
		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	ART I a			
	NO	Acute etha:		ication						
	CATE	196 DATE OF OPERATION	196. CONDI	TION FOR WHICH C	PERATION V	WAS PERFORMED?			20 AUTOP	SY?
	TIFK	Market Charles							YES (NO [
5	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF		EAR 21c. H	IOW INJURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	ART 2)	K
5	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.W	۸. 19						
	AEDI	21d. INJURY OCCURRED	STREET FAC	OF INJURY (AT HOM TORY, FARM, ETC.)		OCATION STREET	CITY OF TOWN	co	OUNTY	STATE
	-	WHILE NOT WHILE AT WORK								
		22a I certify that I taak char	ge of the remains de	scribed obove, held o	n Auto	psy XX Inspectio	in . Inquiry .	, and in my o	pinion	
		death resulted from: Nati	ral causes XX	Accident	Suicide	Hamicide .	Undetermined monne	er .	7	
		ACTUAL 7	10	.0		TITLE (SPECIFY)		D. 1 ***		1.100
4	5	SIGNATURE	15/1	all	^	w.d. <u>Assistan</u>	Lt_MEDICAL EXAMINE	R SIGN		4/82
2	-	EXAMINER'S NAME	1	1 14 5	-	111	Dann Cturet	Dolto	MD 212	0.1
	22a Bi			uard, M	CEMETERY :		Penn Street		אוט בובו	JI
10	(5	PECIFY) PENOVAL	236. DATE4/8/	82 Z3c. NAME OF KING	MRMC	OR CREMATORY ORIAL PK.	CITY BAYENTO.	, MD. cou	INTY	STATE
		INERAL DIRECTOR	ADDRESS		-	25a. DATE	REC'D. BY REGISTRAR	56. REGISTRA	DIGNAIL	
	LE	ROY O. DYETT	4600 L	BERTY H	EIGHT	S AVE. AF	R 7 1982	Cours	San/A	The

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APR 7 1982 Zanga Pan Pan

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8	RE. NO.	0	8	9	6	
	MEG. 110.					

- STATE REGISTRAR		CERTIFICATE OF DEATH	8 R. NO. (18966
I. DECEASED NAME FIRST	Clem	Bennett	20 DATE OF DEATH WONTH	OAY YEAR 26 HOUR 6
SEX Hale	4 RACE White	5. DATE OF BIRTH 8/15/1918	6. AGE (IN YEARS LAST BIRTHOAY) 63 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN COUNTRY). W. Va.	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		YOF DEATH.
Baltimore	NOT IN SICH FACILITY, GIVEN TRE	unsee Chan, Hosp	120 USUAL OCCUPATION PECT WORKING L	12b. KIND OF BUSINES OR BOX
Md. A.	INTY A. Baltin	nore 13d INSIDE CITY LIMITS?	50168 ADBrookwo	od Rd. 21225
14. FATHER'S NAME PARTIE	V 1	15 MOTHER'S MAIDEN NO FIRST Haggie	MIDDLE	Judy'AST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) 100 115 YES, G	IRMED FORCES? IVE WAR OR DATES) 16b SOCIAL SEC 219-03-		ennett (same a	s 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		UENCE OF THE TERM DEATH BUT NOT RELATED TO THE TERM		
NO 190 DATE OF OPERATION 4-2-82 210. ICCIDENT WAS UNDERLYING [Intracerco	OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	SAIN .	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE		and that in (my) (aur) apinian DEGREE	to 4 — (and the date and ha	19 , that (I) (we) lost ur and fram the causes stated
SANTIAGO	ZAMUS 16	ATTENDING PHYSICIAN PARTIES 300/5. H	ANOVER ST	14/6/82 BALTO MO2128
236 BURIAL CREMATION, REMOVA Burial		NAME OF CEMETERY OR CREMATORY edar Hill Cemet	ery Balltimore	, coMd . SIME

BP

TO HOSPITAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

injury, or other troumatic event, th

MPORTANT: If Hem 21 is marked ar Hem 18 shaws

should be detached for use as with the State Dept. of Health

as the burial-transit permit. Then please remove card th and Mental Hygiene prior to burial, cremation, or

TO FUNERAL DIRECTOR. After this certificate has been signed by the

24 FUNERAL DIRECTOR

Burial, CREMATION, REMOVAL 236 DATE 4/9/82 Cedar Hill Cem 4/9/82 George J. Gonce F.H. 4001 Ritchie Hgwy.

To the Literature of the Control of limore that we will be a selected the selection as A SELO TO THE LEAD TO SELO THE SELO THE SELO THE SELECT SE The property of the same of th no give og vedense il venneta (sesa se lic) the state of the factor of the state of Darest a region in a reservoir interest in the second should be detoched for use as the buriol-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal

TO FUNERAL DIRECTOR: After this certificate has been signed

3	1.	FOR - STATE		DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE		0 0	6 4
	1.00	REGISTRAR			CERTIF	ICATE OF DEATH	3 ≥ € 6 , N	-	8 4	0 /
		CEASED NAME FIRST	MIDDE		RCO	VICI	20 DATE OF DEATH	MONTH DA	6-82	26 HOUR M
	3. SE	MALE	4 RACE WHIT	3	5. DATE (6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS
97	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) TROPOLO, POMANIA	76. CITIZEN OF WHA		8 MARRIE WIDOWE	DIVORCED	BALT.	-	C. TY	MD.
7		BALTO.	(IF NOT IN SUCH FACE	VINDA	ADDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SAVE MAI	F WORKING LIFE	126. KIND O INDUSTRY CH	EMICALS
25	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY 13c.	BAL	N	136 INSIDE CITY LIMITS? YES XX NO -	13e STREET ADDRESS 3325 CLA	RKS LA.	, APT	D #2121
200		LEIB		RCOVICI		BABA	MIDDLE		RCOVITO	ČH
medico		NAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	SOCIAL SECU 16-76-3		3325 CLARKS I	STEVE BER		21215	
other troumotic eve		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO OR AS	CHEM	NCE OF	HEART FA			71	EARS.
ny injury, or	ATION	PART 2 OTHER SIGNIFICANT OF A SPIRATION	PNEUM	DUIA		NOT RELATED TO THE TERM			- 17	
2 Symon	CERTIFICATION				OPERATIO		YES NO	IN CERTIFY		
d or Item 18	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	m. month day year m. 19			URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE			STATE
21 is morked	~	270.1 certify that (1) (this hasping sow the deceased alive an above, (1) (we) (did) (did no	04-20	2 - 19	02-	18, 1982 and that in (my) (our) opinion	, ta			that (I) (we) last
NT. # #em		726 SIGNATURE	m	/			MEDICAL STA		22¢ DATE	SIGNED -27-82
MPORTA		B-VA	WWIN	9		CUMPALE	GELINTE	ZUK	2 2	1215

23c. NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

21215

273-BP-16 50M 1/81 (VRA 15, 4)

SOL LEVINSON & BROS., INC.

BALTO

236 DATE APR.28,1982

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

6010 REISTERSTOWN RD

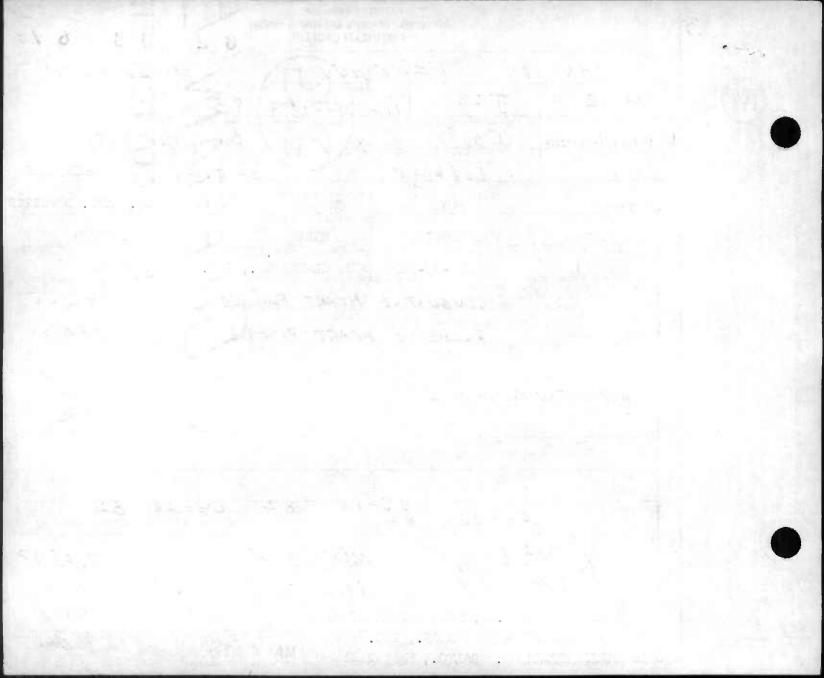
24 FUNERAL DIRECTOR

MAY 4 1982 PROJECT OF THE PROJECT OF

COUNTY

MARYLAND

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certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion.

completely filled in b. the

Pages

njury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AS HYCIENE

1	FOR - STATE REGISTRAR		DEPAR		ICATE O	D MENTAL HY	GIENE 8	REG. N	. 0	8	9	6	8
	CEASED NAME FIRST		MIDDLE		LAST		20. DATE C		MONTH	DAY	YEAR	26 HOL	JR
1		Ca	rl	Ber	g				April	26,	1982	9	A.M.
J. SE	X	4 RACE	The Park	5. DATE			6 AGE IN	YEARS LAST BIR	THDAY)	MONINS	RIYEAR	IF UNDER	
	Male	White		Feb		1908	74		YRS	MONTHS	DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	DO NEVE	R MARRIED	9. BALTIMO	ORE CITY O	R COUNT	Y OF DE	ATH		
	Md.	U.S.A		WIDOW	_	DIVORCED [Bal	to. C:	ity				MD.
10 C	Balto. City	(IF NOT IN SUC	HOSPITAL, NURS	ET ADDRESS]	,		TYPE OF WO	OCCUPATION FOR MOST CO	F WORKING L	IFE) IND	KIND OF USTRY Idust		ESSOR
USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 136. COU Md. Bal		Balto.		13d. INSIDE	CITY LIMITS?	130 STREET 351	ADDRESS 6 Nor	thway	Dr.			197
4 F	ATHER'S NAME FIRST John	WIDDLE	Berg	387		R'S MAIDEN NA	ME	MIDDLE		Le	hnar		
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SEC	CURITY NO.	17 INFOR	THAN		ADDRE	.SS		216	38	
(NO (IF YES GI	VE WAR OR DATES)	212-09-	-6583	Jack	Thompso	n ,Rt#	1 Box	#402,	Gras	onvi	lle	Md.
	PART 2 OTHER SIGNIFICANT	ED BY: TE CAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	CARI A NA R AS A CONSEQ	DIAC DUENCE OF	NOT RELAT	ARRI Toru	AINAL DISEAS	SE OR CONI	DITION GI	//	APPROXIMEN O	-	
CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PER	FORMED	200 AUT	OPSY?	206. IF YE IN CERTI	S, WERE	FINDIN AUSES (GS USE OF DEA	TH?
MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P./	M. MONTH M. OF INJURY	19	21c HOW		RED (ENTERN	ATURE OF INJUI			PART 2)		STATE
Σ	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE		J 3''	1982		1-2		10 8	,		
	sow the deceased dive or obove. 27b. SIGNATURE 22d. PHYSICIAN'S NAME TO BE T	by, M.I	after death. 19.	82 M	DEGREE . 22e. ADDR Gras	ATTENDING PHYSICIAN FESS	MEDICAL DIRECTOR	STAF	ete and hou	220	om the c	9 - 1638	. 82
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	4-29-8		oodlaw		etery	East		albot	Co.	Mo	i.	STATE

21619

Helfenbein-Hubbard Funeral HomeP.A., Chester Md. MAY

25a. DATE REC'D.

BY REGISTRAR 256, REGISTRADE SIGNATURE

BP DHMH - 16 50M 1/81 (VRA 15, 4)

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	CALLED SELECTION OF THE PARTY O

		V	/		STATE OF MARYLAND	2306	0 (
	6	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 2 0	8 9 6 9
	10		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY PYEAR 25 HOUR
y be ge 3 leath		(TYPI	Sophie Sophie	B	ernstein	4/1	0/82 1=A M
(mm)		3 SE	X	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
(#AII)		7 0	FEMALE	CAUCASIAN	OCT. 5, 1915	66 yrs	
21	47		COUNTRY	b CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
the state of	1-	10 C	RUSSIA ITY OR TOWN OF DEATH	U.S.A. 1. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED	BALTIMORE C	126. KIND OF BUSINESS OR
of the same	33	8	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKI)		(TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE	
t hau	t pe		AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	
n 24 y fille should	377		ARYLAND	BALTIMO	RE YES X NO [3016-I ROMARIO	CT. #21209
with soletel	5	III. FA		IDDLE LAST	15. MOTHER'S MAIDEN NA	WE	UNKNOWN
com	3 ex	16n \	SAMUEL VAS DECEASED EVER IN U.S. ARM	WEINSTEI		DD DEDNICADOES	UNKNOWN
be exected an and s. Pages	e medica			WAR OR DATES) 446-24	a Oct	ARD BERNSTETN MARIC CT. #2120	
ficate physicic paper	ent, th			rane cause per line for (a), (b), and (BY:	opalmonars a	rrost	BETWEEN ONSET AND DEATH
ding parken	fic ev		1 A A D	CAUSE (U)	1	77631	I MACO. TVC
death strenc sve co	En		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	S i S		5 days
by the case remo	other tre		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A GONSEQUE		15 mahoma	2 sears
uires the	ury, or	2	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E		AINAL DISEASE OR CONDITION GI	VEN IN PART I(a)
w req been s mit. Th	ony inj	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
he la an. has	50	TIFIC	4/6/82	SEPST.	5		IFYING CAUSES OF DEATH?
physical phy	8 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
ding ding serie burio	or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
offer the street of the street	rked	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
TENDIF or use or use of Health	21 is mo		22a I certify that (I) (this haspital saw the deceased alive on abave, (D) (we) (Cid) (did not)	111.0	3/29 19 8Z 22 and that in (my) (our) opinion	deoth accurred an the date and ha	ur and fram the causes stated
hosp IREC IREC	te H		226. SIGNATURE	view the bady after death.	DEGREE		22c. DATE SIGNED
y the	± = = = = = = = = = = = = = = = = = = =		Miller	m	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/10/82
TO HOSPIT retained b TO FUNES	MPORTAN		Waldo E.	Flosdin M.	D The Johns	Hookins Hospy	41 Biltween
5 to 5 43	3	23a. E	SPECIFY)	236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	- 1		BURIAL		CH SEDEK VE SHOMRE		MD
DHMH - 16 50M (VRA 15, 4)	1/81	24 FU	NAME	/INSON & BROS., ΓΟWN RD., BÂLTÔ.		E REC'D. BY REGISTRAR 251, REGIS	La lasTher
			OUTO KETSTERS	IOWN KD., BALIU.	, MD 21215 AP	K 1 0 1985 & Banco	o Marie

STATE OF MARYLAND

 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral difference should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 had with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	3	REG. NO.	0	8	9	7	L
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ı		REGISTRAR		CERTI	INCATE OF PEATIF	REG. NO.	•
		CEASED NAME FIRST	JOHN MIDE	MONTHONY	D 1/	24 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ł	3. SEX	Jones	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ı		ale) M1	1.60-	Thite \ MON	ITH DAY YEAR		MONTHS DAYS HOURS MIN
I			00	6		61 YRS	N OS BSATIL
1		OUNTRY	76 CITIZEN OF WH	MARR	IED NEVER MARRIED	BALTIMORE CITY OR COUNT	
		Maryland	USA	WIDOV		Baltimore Cit	MD.
		TY OR TOWN OF DEATH		SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) SNES HOSPITA	OR OTHER INSTITUTION	178. USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LE METAL FITTER	126. KIND OF BUSINESS OR INDUSTRY. Retired
1	USU A	AL RESIDENCE (IF NUR DE OIL TATE			1 13d. INSIDE CITY LIMITS?	ha croser appears	
	100. 3			city or town atonsville	YES NO NO	303 Hilton Av	renue
1	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	AME .	
)	Harry	J. I	Bezold	Helien	A ^{MIDDLE}	Drury
I		VAS DECEASED EVER IN U.S. AR	MED FORCES? JAM	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
ı	(1	Yes WW2-	-Korea 21	7-16-1669	Norbert Bezo	old Same as #13	}
I		18 CAUSE OF DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)		, 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ł		PART I. DEATH WAS CAUSE	ED BY:	1ASSIUF	Left Cerex	rol hemarsha	0 -/
I	100	1/2/0				/	
ı		Condition if any his	DUE TO, OR AS	S A CONSEQUENCE OF			
I		Canditions, if any, which gove rise to immediate	(p)				
ı		cause (0), stating the underlying couse last.	DUE TO, OR A	S A CONSEQUENCE OF			
ı			(c)				
ı	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART Ita
4	CERTIFICATION	10.09	cra UNI	i Coa gulan		for Coronary	Heart Piscose
ı	CA	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? 200. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	RTIE						ES NO 🗆
l		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216 TIME OF IN	njury Month day yeai	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART T OR PART 2)
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ALIA .	19			
ı	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF		21f LOCATION	CITY OR TOWN	COUNTY STATE
ı	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	J ,	4.4.1.	STATE
	-	22a.1 certify that M (this hosp	ital) attended the d	éceased from	1/82 10	10 4/14/82	10 that Ac(we) last
ı		saw the deceased plive on	4/14/0	12 10	and that in (my) (or opinian	death occurred on the date and has	ur and from the couses stated
ł		abave, (I) (we) (did) (did no	it) view the body after	er death.	DEGREE		22c. DATE SIGNED
I		128	/	00 1	ATTENDING _	MEDICAL STAFF	11/4/100
4		226. PHYSICIAN'S NAME (TYPE O	· Cler	20	PHYSICIAN [DIRECTOR PHYSICIAN	7/19/82
١		D (C D A.	12.	ITTE. ADDRESS	111-	land on
4		RE	CRANC	ty	3//	TONES 17	OSTITAL
		SPECIFY)	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
J		Cremation	4/15/8:	Westvie	ew Crematory	Catonsville	Balto Md STATE
	24. FU	NAME Witzk	e, P.A.	ADDRESS	25a. DA1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ĺ	1	630 Edmondson	Ave Caton		21228 AF	OR 16 1982 Crance	so Jan min
	_						

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retained by the haspital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If Item 21 is mainled as them 18 shaws any injury, as other trains

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24. FUNERAL DIRECTOR

Removal

Anatomy Board

23b. DATE

4/6/82

TO FUNERAL DIRECTOR: After this continues has been signed should be detached for use as the law aftering permit. Then a with the State Dept. of Health and Memor Higgs expense to but

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	8 2 _{G. NO.} C	8 9	7 1
		CEASED NAME FIRST EOR PRINT) ELMER	MIDDLE E.		CHELL	20. DATE OF DEATH MONTH	DAY YEAR 6 82	Th. HOUR M
	1. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER CHEAR	- Ulana Zani
	1	Male	White	MONT		62 YR	MONTHS DAYS	HOURS MAN.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
0		Maryland	U.S.A.	WIDOW	ED DIVORCED	Balto. City		MD.
0	10 C	Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 300 S. Smallwood	ADDRESS)		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ROOFEY	G LIFE) INDUSTRY	employed
25	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 591 S. Beechfi	Y	<u>Cimp 10 y Cu</u>
20		ATHER'S NAME FIRST LMET Ellsworth	Bichell _{LAST} EXXSWØXX	(IS. MOTHER'S MAIDEN NA		Mettl	
1	160 V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU		17. INFORMANT	ADDRESS 59	1 S. Bee	
1	1	NO OR UNKNOWN) (IF YES, GI	218-07	-147	William Bich			Ave
		Gooditions, if any, which gave rise to immediate source ion, storing the underlying cause last.	DUE TO, OR AS A CONSEQUENTED ON A CONSEQUENCE OF THE CONSEQUENCE OF TH	ENGEDI	ulmonal Ostric	la Lung Jung	Disea	20
9	CERTIFICATION	THE DATE OF OPERATION	THE CONDITION FORWHICH	nlle	UN WAS PERFORMED	20s. AUTOPSY? Zab. IF YES NO.	YES, WERE FINAL TIFYING CAUSES YES []	GS USED SF DEATH?
9	1000	The ACCIDENT WAS UNDERLYING TO BE ETHER NOTES MEDICAL EXAMINE	ATH HOUR A.M. MONTH D.	AY YEAR	71r HOW INJURY OCCUR	RED. (ENTER NATURE OF INJURY IN ITEM.)	H. FART DE FARTY)	
-	MEDICAL	214. PHILIPY OCCURRED	21s. PLACE OF INJURY (AT HOME, STREET PAISORS, OFFICE I		FILLOCATION LIMIT PLYED	in the House	00 - Pr	marred
		sow the deceased alive or	ital) attended the deceased from	, 0	nd that in (my) (our) opinion	cepth occurred on the date and h	nour and from the	4.5.22
		276. SIGNATURE	ngales (A		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED SIGNED
		22d, PHYSICIAN S NAME	20 9-GON	SAL	22e ADDRESS B	SW SEGNE	8 Hos	PITAL

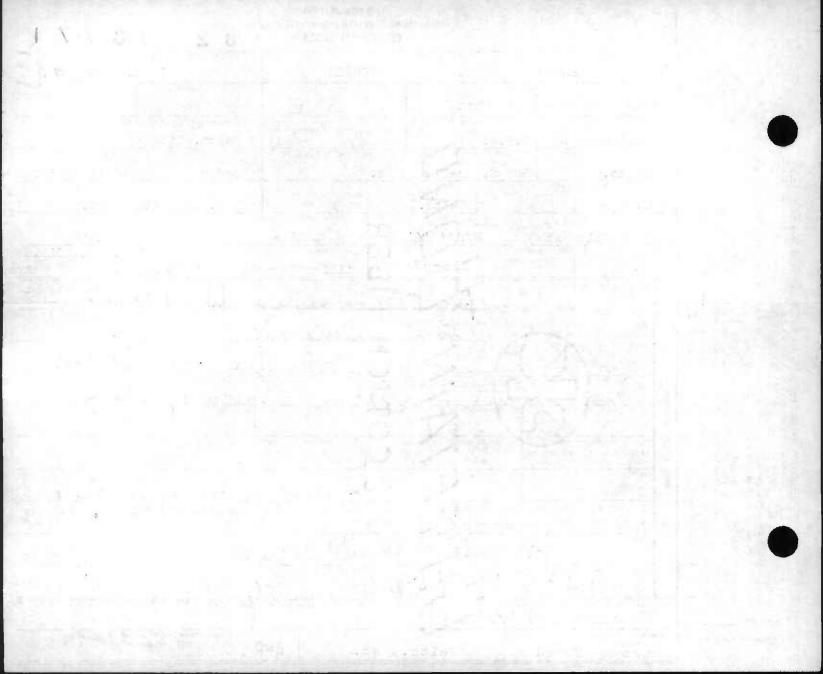
231. NAME OF CEMETERY OR CREMATORY

Balto., Md.

LOCATION CITY OR TOWN

APR 1 6 1982 There's JONATORE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death, retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, th

MPORTANT: If Hem 21 is marked ar Hem 18 shave

1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	4.3	
5	REG. NO	. (
	REG. NO	

8 9 7 2

REGISTRAR			TORRITO DE PERTIN	REG. N	0	9	
I. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOURP
Georgia	unna S.	Binko	wski	April 2	5. 198	2	9:15 M
3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIT	ETHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
Female	White	Mar		32	YRS.	INTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	FDEATH	
Pennsylvania	U.S.A.	WIDOWE		Baltim	ore Cit	ty	MD
10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, P (IF NOT IN SUCH FACILITY, GIV LIVERSITY O	of Md. Ho	Spital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (Teacher		INDUSTRY	ing Sch.
	or other institution, give residence inty 13c. City of the Arundel Ann	RTOWN	13d. INSIDE CITY LIMITS? YES NO TO	714 Miller	Rd.	1600	
Barney J.	Finberg '	AST	Ruth	WE	Park	ker	31
(YES NO OR UNKNOWN) (IF YES, G	THE SHARE OF THE STATE OF THE S	L SECURITY NO.	17 INFORMANT	ADDR	ESS		
NO	164-4	2-4574	Hospital Red	cords			
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY. TE CAUSE (0)	SEDSI	5	,		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions of any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEOUENCE OF	ELD GENOUS				
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	D
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
TO DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX INTERPRETATION OF CONTRIBUTION OF CONTRIB	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY OCCURE			T T OR PART 2)	
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY,	OFFICE FARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		10 \$300	od that in (my) (our) opinion of	death occurred on the d	ote and hour a	_	and
276 SIGNATURE	1862	Mich	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		ST. DATE	5/82
UNDY ACH	I'V! KED	DY	Bato, Mb	16.6;22	Sare	enel	ST
230 BURIAL, CREMATION, REMOVAL Cremation	236 DATE	11	EMETERY OR CRÉMATORY Hill Crematory	Suitland	P.C	COUNTY	STATE
24 FUNERAL DIRECTOR	14-27-02	Jeuar 1	25a DAY	EREC'D, BY RECISTRAD	P.G.		Md.
Hardesty Funeral	Home Annapo	lis, Md.	MA	T 1 1982	sences	Jan 7	Kithen

DHMH - 16 50M 1/81 (VRA 15, 4)

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or offending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral at should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages | Yand 2 should be filed within 72 minh the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical exam

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

executed within 24 hours ofter death. Page 4 may be

FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI	The same and the
CEASED NAME	FIRST	MIDDLE	LAST	20 E

	REGISTRA	R			CERTIF	ICATE OF DEATH	O	REG. NO.	, ,	, 0
1	1. DECEASED NA	ME FIRST		MIDDLE	ı	AST	20 DATE OF D	BIH 8 20NTH	DAY YEAR	26 HOUR
	[TYPE OR PRINT]	Isak	ella	E.	В	iondo	API	EIL 13/	1982	430 pm
1	3 SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE IN YEAR	RS LAST BIRTHDAY)	MONTHS DATS	
	F	emale	Whi	te	Jan	0 200 **	77	YRS		HOURS MIN.
0	HE BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COU	MARRIEI	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
1	Md.			S.A.	WIDOWE	D DIVORCED	4.7	Baltimo	ore Cit	y MD.
10.	10 CITY OR TOW	'N OF DEATH	11. NAME OF	HOSPITAL, N	URSING HOME C	PROTHER INSTITUTION	120 USUAL OC	OR MOST OF WORKING		OF BUSINESS OR
7	Baltim		John	Deat	on Medi	cal Center	Homem	aker		-
	130 STATE M	id. 136. CC	E OR OTHER INSTITUTION	13L CITY OF	e BEFORE ADMISSION) R TOWN Limore	13d. INSIDE CITY LIMITS? YES X NO [Mayfie	eld Ave	∍.
-	14 FATHER'S NA/ FIRST Nic		MIDDLE	Broo	cato	15. MOTHER'S MAIDEN NA Joseph		MIDDLE	. Ca	talano
4		SED EVER IN U.S.	ARMED FORCES?		L SECURITY NO.	17 INFORMANT	11110	ADDRESS	- 00	toarano
	(YES NO OR UNK	(NOWN) (IF YES	GIVE WAR OR DATES)	216-	34-9032	B Charles	Biondo	(son)	same a	address
1		OF DEATH (Ente	only one couse pe					(0011)		XMATE INTERVAL NONSET AND DEATH
	PART I.	DEATH WAS CAL	JSED BY:		RPIAC	ARREST			N	100.
	40	175		DR AS A CON	SEQUENCE OF			02/19/09		
	Condition	s, if ony, which	(b)_		EMMONI	54		S call at	020	day
9	couse (c	e to immediate o), stating the	DUE TO,	OR AS A CON	SEQUENCE OF		Market S			On mine
	underlying	g couse lost.	(c)_	ALH	YPOXIC	BRAIN DAM	AGE 1°	TO CAL	EDIAC A	RREST
		THER SIGNIFICAN			G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION C	SIVEN IN PART 1	(0)
-	V 190 DATE C	OF OPERATION		DITION FOR V		N WAS PERFORMED	20g AUTOP	SY? 206. 1F	YES, WERE FIND	INGS USED
2	NOTA THE CALL OF T						YES 🗆 1		TIFYING CAUSE YES []	S OF DEATH?
	21a. ACCIDE	NT WAS UNDERLYING	total comments of	OF INJURY	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM 1	18 PART I OR PART 2)	
	OR CONTRIB	UTING CAUSE OF	DEATH	P.M.	19	LIVE DE LES				
	<u> </u>	YOCCURRED		OF INJURY	OFFICE, FARM, ETC.)	216. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	WHILE AT WORK	NOT WHILE								
	220.1 certif	fy that (1) this ho	ospital) attended to	he deceosed		ECH 10, 199d	, to	# T T + 1	_, 19	, that (1) (we) lost
	ODOVE	. (I) we (aid) (aid	not) view the bod	y ofter death.		nd that in (my) (our) opinion	deoth occurred	on the dote and h		
	226. SIGNA	ATURE	~ ~	Bin	100	DEGREE ATTENDING	MEDICAL	STAFF	22c. DAT	ESIGNED
4	224 PHYSI	CIAN'S NAME (TY	DE OR BRINTI	, jou	ruess	PHYSICIAN [DIRECTOR		17/	13/82
	0.			I ACH I	=55 ms	120. ADDRESS 3 40	BREI		WE	
-		MATION, REMOV		L run 1		EMETERY OR CREMATORY	123d LOCAT		ARYLAW.	0 2013
	(SPEC Bur	ial	1./7	7/82		s of Faith	CITY OR	timore	Cotton of	Verthands.
	24. FUNERAL DIR	ECTOR	7/ -	.,			TE ROC'E BYANG	THE THE PLANT	MIRAL S SIGNA	TURE
	Sen	imunek 1 Brehr	Funera	T House	inc.	APP	R 16 198)L 0	-	
		- Breni	ng Lana	, 1/0	Wille Wille	6-6-3				

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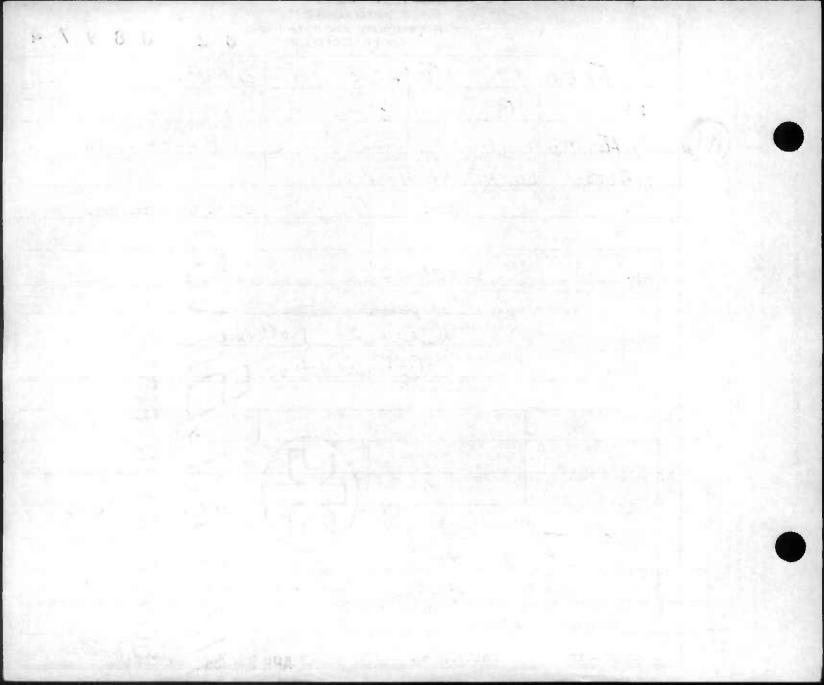
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AOR OR	exec
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ST., 89	ertifico
STON	leath c
. P.R.	the c
5	thot
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physician.
RECO	low r
'IT AL	J. The
OF.	CIAN 9 phy
NO.	PHYS
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retoined by the hospital or offending physician.
	- 1-

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	1-	FOR STATE REGISTRAR		DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	2	0	8	97
		CEASED NAME FIRST)	MIDOLE B	IAC	LAST CK	20 DATE OF	REG. NO	-	AY YEA	26 HOU
35	1 58)	m	1 RACE		5. DATE	OF BIRTH DAY VEAR O 2	6. AGE (IN)	PEARS LAST BIR		ONIHS D	EAR IF UNDER
76	70 BI	RTHPLACE ISTATE OR FOREIGN ITY OR TOWN OF DEATH BALTO) 11. NAME OF	F HOSPITAL, NURSI	MARRI WIDOW	ED NEVER MARRIED DIVORCED OR OTHER INSTITUTION	12a USUAL	BA	R COUNTY	C 17	D OF BUSINE
3	13a. S	AL RESIDENCE (IF NURSING HON STATE 136 CC Md.	E OR OTHER INSTITUTIO DUNTY	I36. CITY OR TOV		13d. INSIDE CITY LIMITS?			fayett	e Ave	2.
100	I4 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AWE	WIDDIE		8	LAST
medical	- (1	VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YES	ARMED FORCES? , GIVE WAR OR DATES)		2/2	17 INFORMANT		ADDRE	SS	794	
injury, or other tra	NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICAT	DUE TO,	OR AS A CONSEQUE	John	Mater T NOT RELATED TO THE TERM	AINAL DISEAS		DITION GIVE	N IN PAR	Πο
2 Superior	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	DN WAS PERFORMED	200. AUTO	Мом	IN CERTIFY YES	ING CAU	IDINGS USED SES OF DEAT NO
or Item 18 s	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED	DEATH HOUR	OF INJURY A.M. MONTH D P.M. E OF INJURY	AY YEAR	21t HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART	2}
orked o	ME	WHILE NOT WHILE AT WORK		STREET, FACTORY, OFFICE.	FARM, ETC)	STREET		CITY OR TO	νN	COUNTY	S
IMPORTANT: If Hem 21 is m	22-02	220 I certify that (In this his saw the deceased alive above, (I) (Me) (did) (2) 221. SIGNATURE 220. PHYSIGIAN'S NAME (IN	on O 4- Niview the boo	dy after death. Awd	2	DEGREE ATTENDING PHYSICIAN 272e ADDRESS	MEDICAL DIRECTOR	STAF	F		- , 11 feet (11 fe
	1	URIAL, CREMATION, REMOV SPECIFY) Removal JNERAL DIRECTOR	23b. DATE 4/27		NAME OF (CEMETERY OR CREMATORY		ORTOWN		COUNTY	51
/B1		natomy Board	B	alto., Md			TE REC'D. BY R	779	A REGISTR	OSIGN	Maria



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should be detached for use as the bural-transit permit. Then please remove carbanpapes with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the

ATTENDING

etained by the hospital

DHMH - 16 50M 1/81 (VRA 15, 4)

medical

injury, ar ather traumatic event, the

1		FOR STATE REGISTRAR		5710		HEALTH AND MENTAL HYG FICATE OF DEATH	8	Z _{REG. N}	o. 0	8	9	7	5
		OR PRINT) DR. ALB		D.	BLAN	D.		APRIL	7,19	82	YEAR	26 HO 2:3	OUR OAM
	3 SEX		4 RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE	IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDE	ER 24 HRS
	MALE WHITE				APRI	L 25, 1897		4	YRS				
6	COUNTRY)			WHAT COUNTRY	? 8 MARRIE	EDXX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	7			HOCBITAL ABURC	WIDOW		BALTIMORE CITY 120 USUAL OCCUPATION 126 KIND OF BUSINESS						WE
0	ВА	LTIMORE	5900 PA	ARK HEIGH	ITS AV	(21215) E. APT.604	(TYPE OF V	NTIST		FE) IN	NIND O DUSTRY DENT		IESS OR
5	130 S MA	RYLAND	NIY	130 CITY OR TOY BALTIMO	WN	YES NO _	5900	PARK	HEIGH	TS A		215) APT.	
)	14. FA	THER'S NAME HYMAN	WIDDLE	BĽÄTS	STEIN	MINNIE	ME	WIDDLE		ė	CHÂ	ĹFIN	J
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC 174-32-		MRS. ROSE BLA	AND 5	900 PA	2 4 4	IGHT	S A	VE.	
	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEOU	UENCE OF	NOT RELATED TO THE TERM	IIN AL DISE	ASE OR CON	DITION GIV	VEN IN	PART 110		
2	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20a AL	UTOPSY?	20b. IF YE IN CERTII	S, WERI	E FINDIN CAUSES	NGS USI OF DEA	ATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED	P. PLACE	M. MONTH E	19	21t HOW INJURY OCCURR	-		RY IN ITEM 18	PART 1 OR	PART 7)		STATE
	V	270.1 certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no 27th SIGNATURE)	of the state of th	de deceased from 19_after death.	Aug 81.0	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICA DIRECTO	AL STA	FF _			SIGNED	
		SHELDO		DGEIER		711 W. 40th	i St.						
		urial, cremation, removal NTOMBMENT	23b. DATE 4-9-82			EMETERY OR CREMATORY LT MEM. PARK		EVOSE,	BUCKS	S CC). PI	ENNA	STATE

APR 15 1982 Courses San Plan

24 FUNERALDIRECTOR SOL LEVINSON & BROS. 6010 TREISTERSTOWN RD. BALTIMORE, MD. (21215)

STATE OF MARYLAND

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DEC	EASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	8	9	7
-	REG. NO.	_			

REGISTRAR		CEK	IFICATE OF DEATH	REG. N	0.	
1. DECEASED NAME	EIRST	WIDDLE	LAST g	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Blanche -	.м. В	lasvk		04-15-82	5:35pm
3. SEX	4 RACE		E OF BIRTH	6 AGE TIN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
Female	Whit		20 1907	74	YRS MONTHS BATS	HOURS MIN.
70. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN C	F WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Virginia		.A. WIDO	WED DIVORCED	70 - 71 - 7	e City	MD.
Baltimore	Churc	F HOSPITAL, NURSING HON SUCH FACILITY, GIVE STREET ADDRESS) THOSPITAL	Corporation	12a USUAL OCCUPATI		
ASUAL RESIDENCE (IF NUR 30 STATE Maryland	E OR OTHER INSTITUTE 130 COUNTY Baltimore	DN GIVE RESIDENCE BEFORE ADMISSK 13c. CITY OR TOWN Dundalk	13d INSIDECITY LIMITS? YES NO X	13e STREET ADDRESS 7807 ROC	kbourne Ro	oad
James	N.	Totten	15 MOTHER'S MAIDEN N	MIDDLE		Mans
160 WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES			780	7 Rockbour	rne Road
(YES, NO OR UNKNOWN)		220-03-826	6 Ralph Tot	ten Bal	to., MD. 2	21222
Conditions, if on gove rise to im couse to to stati underlying cous PART 2 OTHER SIG	r, which immediate and the lost. (c). NIFICANT CONDITIONS	OR AS A CONSEQUENCE OF AS A CONSEQUENCE O	EUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN IN PART 1 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
0.0.00.00.00.00.00.00	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEA P.M.	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
UF EITHER NOTIFY MED 216. INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE (AT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
220.1 certify that (I	this hospital attended	5- 82	and that in (my) Our opinio	, 10	, 19 82 ate and hour and fram the	, that (I) lost e causes stated
Ella	ujeelile	tol-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF LAI	15/2
DR. IMPAG		LKER M.D.	100 N. BROA	CH MS HOSPIT		
230 BURIAL, CREMATION (SPECIFY)	, REMOVAL 23b. DATE		F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
(SPECIFY) Buria	4/19		owridge	Dorsey		Maryland
24 FUNERAL DIRECTOR I				40	256. REGISTRAR'S SIGNA	N TORE
7922 Wise	Avenue	Dundalk, M	D. 21222 APF	1 13 1305 64	unces Jam	IN COUNTY

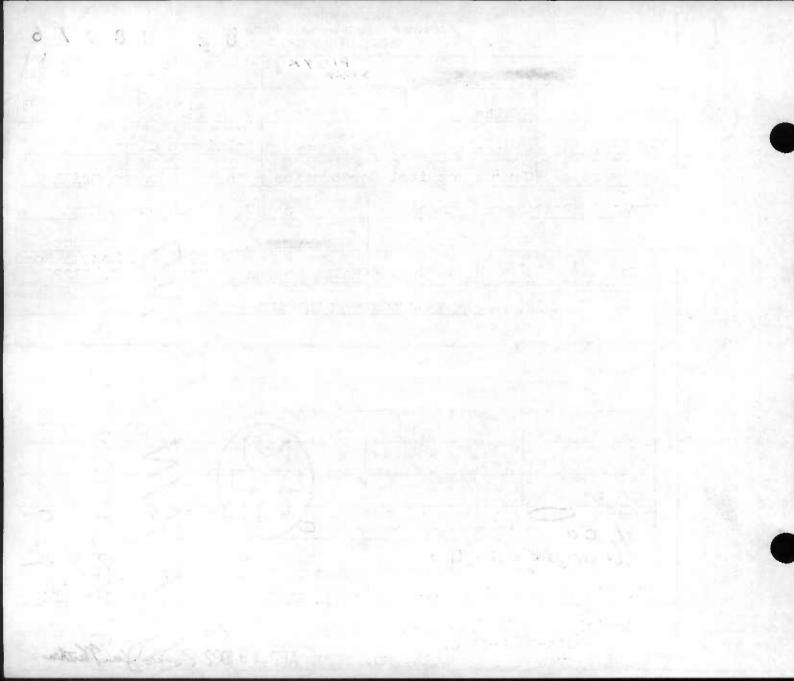
retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burnal-transit permit. Then please remave carbain paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If frem 21 is marked or frem 18 shows any



		1	FOR			DEPARTA		E OF MARYLAND HEALTH AND MENTA	AL HYGI	ENE		0 1		neg
	24		STATE REGISTRAR				CERTIF	FICATE OF DEATH	H	8 25. NO	0	8 4	1	/
	0		CEASED NAME ORPRINT)	F#ST /	2	MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	2h. HOUR	1
100	26				E (SON)	(A)		BLOOM		APRIŁ 8,	-		10 /	A.M.
100		3 SE	(4	RACE		5 DATE O	OF BIRTH		& AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS I	4 MRS
4.5	000		EMALE		WHIT	ΓE	JU	LY 17, 190		77	YRS.			
98	10	In BI	RTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIE	XX NEVER MARRIE	0 0	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
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by the t ed with	00	F	TY OR TOWN OF DEA		6604 E	BERLE DR	., AP		DN	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWII	WORKING LIFE		HOME	is or
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sha	e x	14. FA	THER'S NAME	44.15	DOLE			15. MOTHER'S MAID	EN NAM	\E		21/2		
complete	(A)		MORRI		DOLE	KOERIN		REBE	CCA	MIDDLE		BL	LOCK	
_	E -		VAS DECEASED EVER I			166 SOCIAL SECU	RITY NO	17 INFORMANT		WIN I. BLOG	M			
age	E E		NO OR UNKNOWN)	(# YES, GIVE W	VAR OR DATES	214-58-9	596	6604 EBE		DR., APT. 2		ALTO.,	MD	21215
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рар	2	6	PART I. DEATH W	AS CAUSED		aras	ares!	willow	an	let.			11-32-11-12-0	
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gned	and		PART 2 OTHER SIGN	FICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	IF TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 14c	21	
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is bei	S S	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN		
te ha	27	TIFK								YES NOT	YES	ING CAUSES	NO T	
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hysi cert l-tra ntal	4	AL	OR CONTRIBUTING C.		HOUR A.	M. MONTH DA	YEAR							
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After th the bur and N	Jar M	¥	AT WORK AT WOR	LE 🗆	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	2 (MEE)		CITY OR TOW	N	COUNTY	STA	JE.
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OSPI IRE ed fo	9	- 3	abave, (I) (we) (di	d) (did not)	view the body	after death.		DEGREE	-			22c DATE	SIGNED	-
ro FUNERAL D should be detach with the State De			and BuyerGlasses		felle	Man	u)	ATTEND PHYSIC	ING	DIRECTOR PHYSIC	F IAN []			
FUNE uldbe h the S			226. PHYSICIAN'S NA											
TO F shoul						RA, M.D.				COURT RD.	RAND	ALLSTON	VN, M	<u>D</u>
		23a E	SURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY	STAT	TE 3
BP				001 -	APR.1	1,1982 C	HIZUK	AMUNO		BALTIMOR		-MAD	PAND	
DHMH-16 25		24 FL	INERAL DIRECTOR	SOL L	EVINSO	V & BROS.	, INC	2.		15 1982	CANCES	A SIGNA	MILLER	4
(VRA 15, 4) 1	/79		010 REISTE	RSTOW	N_RD.	BALTO.	MD 2	1215	APR	15 1982	1.00	D		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directa should be detached for use as the busial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hoars a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	Z REG. N	40. C	8	9	7
TF OF	DEATH	MONTH	DAY	YEAR	12h HOLL

	' -	REGISTRAR		CERTIF	ICATE OF DEATH	8 2	G. NO.	8 9	18
		CEASED NAME FIRST	MIDDLE	12/	AST T	20 DATE OF DEA	TH MONTH	DAY YEAR 26	HOUR
ij	3. SE)	JOHN	E.	S. DATE C	UNI	6 AGE INVENSI	AST BIRTHDAY)	70-7	41 A.M
	3. SE/	The Car	This to	MONTH		AGE IN CAST	7		OURS MIN
	Ze BI	PHIP ACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUN	VIRY? 8		9 BALTIMORE C	ITY OR COUNTY	OF DEATHS	
5		hed.	U. J.A.	WIDOWE	DINORCED DINORCED	104	tenone	Cart	MD.
	10/5	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, N			17a USUAL OCCU	UPATION HIGHT OF WORKING LIS		SUSINESS OR
0	24447	AL RESIDENCE (IF NURSING HOME OR OF	9/6/Cyan	BEFORE ADMISSION	11223	Crick	layer	Torishue.	hose to
5	130	hal 13b COUNTY		Cleans	YES NO	916 OR	esen J	GT. 21	1223
C	14 FA	ATHER'S NAME PIRST PIND	Blue 3	+	15. MOTHER'S MAIDEN NA	MO HO	Oli	LAST	
		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	17 INFORMANT 2	A	DDRESS	C	11123
		IN CAUSE OF DEATH S	218-10	91 JUA	warnes	oung	116 dy	an Jr.	TE INTERVAL
		18 CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED E	BY: Rook	is alory	Pailure	0	0	BETWEEN ONS	ET AND DEATH
		1629	DUE TO, OR AS A CONS	11				M LILLEY	
		Conditions, if ony, which gave rise to immediate	(b) Squa		cell Carcin	Lana C	8 (R) W	ma	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF	my smo	king			
	NOI	PART 2 OTHER SIGNIFICANT COL	noitions contributing	Cahon (NOT RELATED TO THE TERM	ASCUD	CONDITION GIV	() (+ tr -	1813
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY	IN CERTIF	WERE FINDINGS	DEATH?
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	_		но 🔊
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC)	21f LOCATION STREET	CHIA	ORTOWN	COUNTY	STATE
		220 certify that (1) (this hospital)) attended the deceased f	0.11/	NOV. 1979		12/		t (I) (we) last
		saw the deceased alive on obove, (I) (we) (did) (did not) v	new the body after death.		d that in (my) (our) apinion	death occurred on	the date and hou		
		Kana	lk. Daup		PHYSICIAN [MEDICAL DIRECTOR PI	STAFF HYSICIAN (XI)	H 19	182
	57	224. PHYSICIAN'S NAME (TYPE OR PE			22e ADDRESS		. 0	1 1	
			DANG M.I		ST. AGNES	HOSPITI		CATON	V AUE.
		WRIAL, CREMATION, REMOVAL	23h. DATE 4-19-1902	23c NAME OF C	EMETERY OR PREMATORY	23d. LOCATION	WN	COUNTY	STATE
	10	INTERAL DIRECTOR	111/100	- audi	n Park	E DEC'D BY DECIS	levene	, /,	7.1

DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or attending physicion.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-
	8
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 having life death. Prop. Emon. retained by the haspital or offending physician.	-
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			STATE OF MARYLAN	ND
FOR - STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DE	
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-	REG. NO.	0	0			•
TE OF	DEATH	Dec		1		-

1	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8	2 REG. NO.	0	8 9	7	9
	DECEASED NAME FIRST		WIDDLE	Total	LAST	2a. DATE OF D	DEATH MOR	NTH DAY	YEAR	2b. HOU	-
	EDWI	N	F.	BOKE	EE		4	30	82	15	O A
3.5	SEX	4. RACE			OF BIRTH	6 AGE INYEA	RS LAST BIRTHDA	AY) IF UI	NDER I YEAR	IF UNDER	E of Life is
	MALE	WHITE		APR	IL 14, 1913		69	YRS	HS DAYS	HOURS	MIN.
Ta.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE	MORE (DEATH		MD.
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OC		1	26 KIND O	F BUSINE	
	CITY	The second second second	ION MEMOR		IOSPITAL	SALES E	REPRES	ENTA	NDUSTRY LVE (GLASS	WARE
	UAL RESIDENCE (IF NURSING HOME) STATE 136 CC	E OR OTHER INSTITUTION	130. CITY OR TOWN BALTIMO	admission)	136 INSIDE CITY LIMITS? YES X NO	13e. STREET AD 4008 I	DRESS	OD ROA	D 21;	210	
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME					
	EDWIN	F.	BOKEE		LAURA		V.	LAN	CASTE	ER	
160	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				_
	(YES NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	213-03-45	580	SARA T. BOKE	E 4008 I	LINKWO	OD RD.	21210)	
TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O DUE TO, O DUE TO, O DUE TO, O (c) T CONDITIONS CO	and I	NCE OF NCE OF EATH BUT	MRREST MI OT CV. NOT RELATED TO THE TERM TINAL BLEED!	cinel MINAL DISEASE C	STRO OR CONDITIO	ON GIVEN I			
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T		IL IF YES, WE CERTIFYING YES			H?
		DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUI	RE OF INJURY IN	ITEM IS PART I	OR PART 2)	N	
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, FA	RM, ETC)	211. LOCATION STREET	(CITY OR TOWN	110	COUNTY	51	ATE
	220.1 certify that (1) (this had saw the deceased alive abave, (1) (we) (did) (did) 22b. SIGNATURE		/1 0		nd that in (my) (aur) apinian DEGREE ATTENDING	death accurred a	STAFF		82 to defram the co		ted
	22d PHYSICIAN'S NAME (TY	PE OR PRINT) K JACK	SON		PHYSICIAN [ME MOT			1TRL		
	BURIAL CREMATION, REMOVE (SPECIFY) BURIAL	MAY 3			PARK CEM.	23d. LOCATION CITY OF BALT	TOWN	co	UNTY	ME	ATE
	FUNERAL DIRECTOR MITCHELL-WIEDE	FELD HOME	ADDRESS		25a DAT	TE REC'D. BY REG	GISTRAR 25b	REGISTRAR	SSIGNATI	IRE Hoser	

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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		TRANSPORT	1.15%(0.5)	
	TA ROBENT N			

11	-					STAT	TE OF MARYLAND	*				
5	1.	FOR STATE			DEPART		HEALTH AND MENTAL HY	GIENE				
P		REGISTRAR				CERTI	FICATE OF DEATH	8	G. NO.	0 8	9	8 (
		CEASED NAME	FIRST		MIDDLE	0	LAST (myers)	2a DATE OF	DEATH MONT	H OAY	YEAR	2b HOUR
1		01	ire		H.	130	1/19		2/ -	24-	82	6:35
1	3 SE	×		4. RACE		5. DATE	OF BIRTH	& AGE (INY	EARS LAST BIRTHDAY	IF UNE	DERIYEAR	IF UNDER 24 HI
		Femal	e	31	ack	11	B 98	83	3	YRS	DAYS	HOURS MI
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZENO	F WHAT COUNTRY?	8. MARRII	ED NEVER MARRIED	9 BALTIMO	RE CITY OR CO		EATH	
0		VA		U	SA	WIDOW		Ba	ltimor	e Cit	У	
11	10. C	TY OR TOWN OF DEA	HTA	11. NAME O		NG HOME	OR OTHER INSTITUTION	12a USUAL C	OCCUPATION FOR MOST OF WOR	121	KIND O	F BUSINESS (
10	-	Baltimore		John	6- Dec	Ve-	Medical	(TIPE OF WORK	FOR MOST OF WOR	KING (IFE) I IN	DUSTRY	
21	USU 13a S	AL RESIDENCE IN NURS	136 COUN	OTHER INSTITUTION	13c CHTY OR TOW	/N	13d INSIDE CITY LIMITS?	13e STREET	ADDRESS			
2		MD			Baltim	ore	YES 🔼 NO	524	0 Denm	ore A	lven	ue
mi	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	DDir		150	
40		Levi		D.	Mye	ers	Íďa		E.		Wat	kins
1		VAS DECEASED EVER		MED FORCES		JRITY NO.	17 INFORMANT		ADDRESS			
/		No	(IF YES, GIV	E WAR OR GATES)	217-26-	-9426	Leona A. V	Villia:	ms 392	2 Oal	cfor	d Ave
/		18 CAUSE OF DEAT	H (Enter on	ly one cause o	er line for (a) (b) an	dicul					APPROXI	MATE INTERVAL
		PART I. DE ATH W	'AS CAUSE	D BY:	Presil		PULMONARY	End	1-2/22		DE WEEN C	INSET AND DEA
		415	IMMEDIA	re cause (a)_	102310	Le	MIMORICA	12 100	20112	m	1->	Man
		1101		DUE TO,	OR AS A CONSEOU	ENCE OF						
1		Canditions, if any		(b)_								
		cause (a), statin	g the	DUE TO,	OR AS A CONSEQU	ENCE OF						
		underlying cause	1051.	(c)_								
	7	PART 2. OTHER SIGN	VIFICANT O	CONDITIONS	CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE	ORCONDITIO	N GIVEN IN	PART 1 c	
	CERTIFICATION	BILA	TORK	14 13	KA 2/	82						
1	CAI	190 DATE OF OPERA	TION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		IF YES, WER		
1	TE							YES 🗀	NO	CERTIFYING YES	CAUSES	NO T
1	CER	210. ACCIDENT WAS UNI	DERLYING _		OF INJURY		21c. HOW INJURY OCCUR	RED (ENTERNAL	TURE OF INJURY IN IT	EM 18 PART I O	RPART 2)	
4		OR CONTRIBUTING		110	A.M. MONTH D							
	JC,	116 EITHER NOTIFY MEDI			P.M.	19	101/ 100/12/01					
	MEDICAL				E OF INJURY STREET, FACTORY OFFICE, F	ARM ETC)	21f. LOCATION STREET		CITY OR TOWN	C	YIMUC	STATE
-	-	AT WORK NOT WE	RK R						,			
		220.1 certify that (1)	(this haspi	tal) attended	the deceased from	3-		, ta	-24	-, 19	2	hat (li (we)
9		saw the decease above, (IV(we) (ad alive an		19.0	12 , 0	nd that in (my) (our) apinian	death accurred	d an the date an	nd hour and	fram the o	auses stated
13		77E SIGNATURE	gr juid fid	1//	y diler dealin.		DEGREE			12	TL DATE	SIGNED
III.		NV.	4	11	5.11	4.	ATTENDING	MEDICAL	STAFF		41.	1/0.
-		THE HAN'S N	ME ITYPE O	PARINT	July 1	140	PHYSICIAN [DIRECTOR	_ PHYSICIAN [1/4	-6/0-
		41	. //	5	1/2		THE ADDRESS					
		FILLO	1 1	(1	12, MD			6				
	00 0	LIDIAL CDC			1.00							

23¢ NAME OF CEMETERY OR CREMATORY

Md. Nat'l Mem. Pk.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR 1101 E. North Ave. C. March F/H

4/30/82

23b. DATE

Pk. Laurel

1. Pk. Laurel

1. Pk. Laurel

1. Pk. Laurel

25a DATE REC'D. BY REGISTRAR'S SIGNATU Pharmacher

APR 28 1982

COUNTY

STATE

23d. LOCATION

0 4 4 8 0 A A LANGE OF THE PARTY OF THE P Passing Edward Completion 15 mins

STATE OF MARYLAND

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for. poge 3 ofter deoth moy be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remaval. retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2	0	8	9	8	
REG. NO.	U	_			

7	1.	FOR - STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 ZEG. N	。 0 8	9 8	2
8<		Famile	4. RACE Black 76. CITIZEN OF, WHAT CO	MARRIE	BO ONEVER MARRIED	6. AGE (IN YEARS LAST BIR B) 9 BALTIMORE CITY C	YRS. PR COUNTY OF D	DAYS HOUR	DER 24 HRS IS MIN.
16	10°C	AL RESIDENCE (IF NURSING HOME OF	11. NAME OF HOSPITAL, (IF NOT IN SUCH ARCHITY, G	VE STREET ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O DOMESTIC	DF WORKING (IFE)	Pvt. F	INESS OR amily
	n	Thry and 13h COUN ATHER'S NAME FAST	MIDDIE 131. CITY O	ORYGINA DEL	134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM FIRST Gertrude		ROSIC	LAST	\$7.
e medicol e		John WAS DECEASED EVER IN U.S. ARA YES, NO OR YNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCI	Lting ALSECURITY NO32-4189	Gertrude IN INFORMANT Balt A Mrs. Bert	imore. ADDRI	essMd. 2	1216 N.Ro	
ows ony injury, or other troumotic even	CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	NSEQUENCE OF NSEQUENCE OF NG TO DEATH BUT	diovas	INAL DISEASE OR CON 200 AUTOPSY? YES NO	DITION GIVEN IN 1206 IF YES, WER IN CERTIFY ING	E FINDINGS U	ATH?
ked or them 18 st	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK	TH HOUR A.M. MON	19	21t. HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJU		R PART 2)	STATE
I: If nem 4 1 15 mon		22a. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	((1)0)	19.83.6on	19 19 de thou in my) (our) opinion de DEGREE ATTENDING PHYSICIAN	death occurred on the de		Jan 100 100 100 100 100 100 100 100 100 10	
T T T T T T T T T T T T T T T T T T T	23a B	BURIAL, CREMATION, REMOVAL BURIAL BURIAL BURIAL	23b. DATE 4/20/82		22e ADDRESS EMETERY OR CREMATORY	TERALI 236 LOCATION CITY OR TOWN	405	PIT Mar	AL ryl and
31		UNERAL DIRECTOR BALTIN	more	MARYLAN	D 21216 250 DAT	REQUEST PROGRAMMENT	MEGISTI	i y i a	Lyrand

NUTTER FUNERIX HOME 3035 W. NORTH AVE.

BP DHMH - 16 50M 1/81 (VRA 15, 4)

APR 22 1980 Home gardent

MILDRED BOSAK 5. DATE OF BIRTH YEAR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MIDDLE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDIOPULMONARY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ASCUN gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost INFECTION ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS. CERTIFICATION prior 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED unol-tronsit per DIVISION OF VITAL 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET morked NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 19 52 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be deto DIRECTOR PHYSICIAN 22e ADDRESS IMPORT/ MPSON S.B.G.14 230 BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY

FOR

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

TYPE OR PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE OF DEATH MONTH 26 HOUR 8 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY one make MIDDLE ADDRESS ARREST 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 01 CITY OR TOWN COUNTY STATE

22c DATE SIGNED

COUNTY

250 DATE REC'D. BY REGISTRAR 756

The same of the same ASH THE PROPERTY OF THE CITY Majton S. Ralto Osa Hos Horaman Me with all the - Also sine this sine Junes Chrosen Antonete Bloka THE TO PROPER THE DELICE TO ENGLISH REL 8 4 13/27 Holy Rebence (halto ()

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

deoth. Page 4 may be

STATE OF MARYLAND

1.	FOR - STATE REGISTRAR			DEPAR		HEALTH AND	MENTAL HYG DEATH	IENE 8	AG. NO.	0	8	9 8	4
	CEASED NAME E OR PRINT)	dr	ra	Bo	rss	J LAST		20. DATE O		ONTH D	YEAR SEAR	26 H	OAM
1 SE	Fema	u	1. RACE	hite	5. DATE (13	6. AGE (IN	G G G		IF UNDER TYE	****	NDER 24 HRS
	IRTHPLACE (STATE OR COUNTRY)		W.	S A	WIDOWI		IVORCED	1	alti	m	ne	, C	ity MD.
1	baltim	oll	IF NOT HY SUC	HOSPITAL, NURS	LAND	OR OTHER INS	pital		REFORMOSTORM R Nabis		12b KIND INDUST		SINIFS OR
13a.	al residence (if NUR STATE ary land	Balta	ITY	13c. CITY OR TO Gwynn Oc	WN	13d. INSIDE (NO Drac		ADDRESS Forest	Park	: Aven	ие	
14. F	ATHER'S NAME Willic	om	J. Laue	LAST			s maiden na Geneive	eve	Hunter		8	LAST	
	NAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	2160 SOCIAL SEC	13140	Land to the same of	Mayfie				MD.		7
7	Conditions, if ony gave rise to important cause (a), statist underlying couse	mediate ng the lost.	(c)	R AS A CONSEO		I NOT RELATE!	TO THE TERM	IINAL DISEA	SE OR CONDII	ION GIVI	EN IN PART	Ita)	0
CERTIFICATION	Checi	TION	19b. COND	TION FOR WHIC	H OPERATIO	DN WAS PERFO	encha DRMED	ZOa AUT	OPSY?	20b. IF ES,	, WERE FIN	SES OF D	SED S DEATH?
MEDICAL CERT	216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 216 INJURY OCCUR	CAUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH I M. OF INJURY	DAY YEAR					N ITEM 18 PA			STATE
W	WHILE NOT WINT WORK 22a 1 certify that (I) saw the decease	(this hospi	tal) offended th	e decaased from	4/	9/8-	19) (our) opinion	, to	4/14	1	1980		(I) (we) lost
	77% SIGNATURE	C	Egin	+			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	и	1100	1/LS	He2
	KYA	W	NYL	INT		22e ADDRES	Lu-	THI	ERA	N	Hes	71	TAL
	BURIAL CREMATION, (SPECIFY) Burial	REMOVAL	4-17-8			ew Mem.		Syke	sville	Car	roll	Mary	land

DHMH-16 30M 2/80 (VRA 15, 4)

retained by the haspital or attending physicion.

Lake View Mem. Park

Burial 4-17-82 Lake View Mem. Par PARTIE FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 15 8728 Liberty Road Randallstown, Maryland 21133 Inc. 250. DATE REC'D. THE SET SHOW SHARE

ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

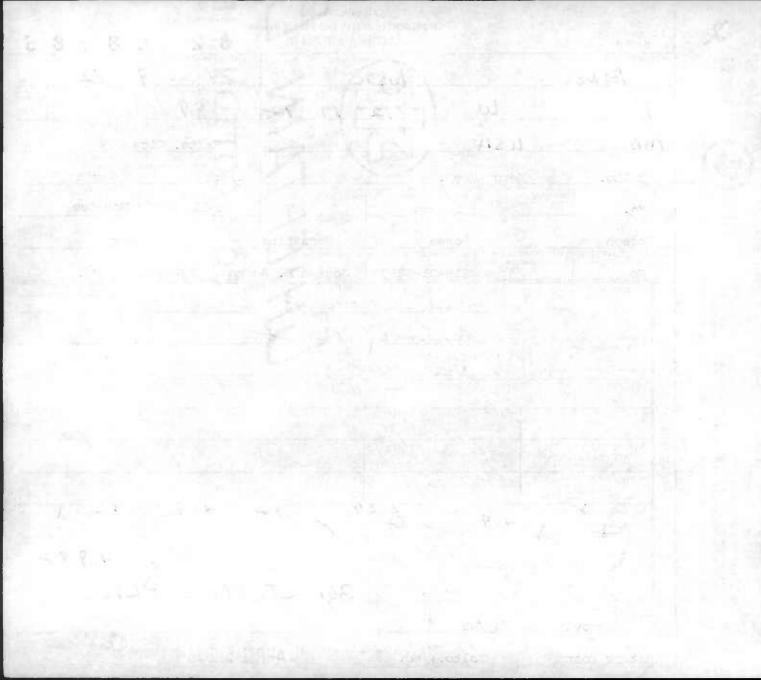
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OF	DEATH	MONTH		DAY	VE AD	101 1101

3		1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HY	GIENE	9	0 8	a	9 5
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ded		_	HONES			5200	33	4		9	82	M
1		3. SE	X	4 RACE			OF BIRTH	6 AGE (IN YE	RS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
a to			F	W		12	17 92	-	89	RS MONTHS	DAYS	HOURS MIN.
20	By		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	E CITY OR COU	INTY OF DEA	TH	
-	350	1	ns.	USA		WIDOW			alto. Ci	tv		MD
RA	-	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL O		12b. K	(IND OF I	BUSINESSOR
1600	53/		Balto.	Mercy	Hosp.			Clerk Gov't				
7.5	9	Hart.	AL RESIDENCE IF NU		134 CITY OR TOW		1134 INSIDE CITY LIMITS?	130 STREET A	DDRESS	L YE		
11	KS		Md.	AHO.	Towson		YES NO		lla Mar	is Hos	pice	
22	all .	14. F	ATHER'S NAME	MIODLE	LAST		15. MOTHER'S MAIDEN NA					
pub	3 (D	Joseph	MIODEE	Bosse		Bernadin	e	MIDDLE	Koop	LAST	
0 ~ G	100		WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	1116-11	ADDRESS			
S. Pog	T med		YES, NO OR UNKNOWN] (IF YES, GI	VE WAR OR DATES)	218-01-5	ville,	Md.					
apper ovol.	t, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause pe	r line far (a), (b), and	d ics	0			BE	IPPROXIMA IWEEN ON	ATE INTERVAL
ding p	rtic eve			TE CAUSE (a)	unden	-	must	/				
ye co	a man		Conditions, if any, which	(RASA CONSEQUE	ut	Anest	-				
y the a	other tro		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	OLD	NCE OF	3					
gned to n pleo burial,	ry, ar		PART 2 OTHER SIGNIFICANT					MINAL DISEASE	OR CONDITION	GIVEN IN P	ART 1 o	
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has be	9	CERTIFICATION	196. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T	NO T	F YES, WERE ERTIFYING CA	AUSES O	S USED F DEATH?
ore	50	1	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUP				_	
ol-tro	EG		OR CONTRIBUTING CAUSE OF DE		.M. MONTH DA							
buri Mer	2 2	MEDICAL	21d INJURY OCCURRED		OF INJURY	19	21f LOCATION					
er the	ked	M	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFICE F	ARM, ETC)	STREET		CITY OR TOWN	COU	4IA	STATE
Se o	8		220 I certify that (this hasp	itol) attended t	ne deceased fram_	3.2	9 19 8	2 , to _	F.9	19.8	The	at X (we) last
for to	21 88		saw the deceased alive are allowed the same and the raid raid	HI view the body	100	82	that in (our) opinion	deoth occurred	on the date and			/ -
DIREC Sched Dept.	Fea		77K S CNATURE	TARREST THE COURT	2	1)	DEGREE			226	DATE SI	GNED
	#		Suis	}	Buck	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	(4	L. 9.	82
FUNERAL old be det	STAN		THE PHYSICIAN'S NAME (THE	()		1	22e. ADDRESS		1	1.		
should be	MPORTANI		Diluco	DOC	iin6	1	301 ST	. PAU	LL' t	247	3:	
		23a	BURIAL, CREMATION, REMOVAL (SPECIFY)			IAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION R TOWN	COUNTY		STATE
			Removal	4/12/	82					110	-	
16 50M 1	/81	24. F	UNERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D. BY RE	GISTRAR 25	GISTRACSE	1	till-
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TO HOSPITAL

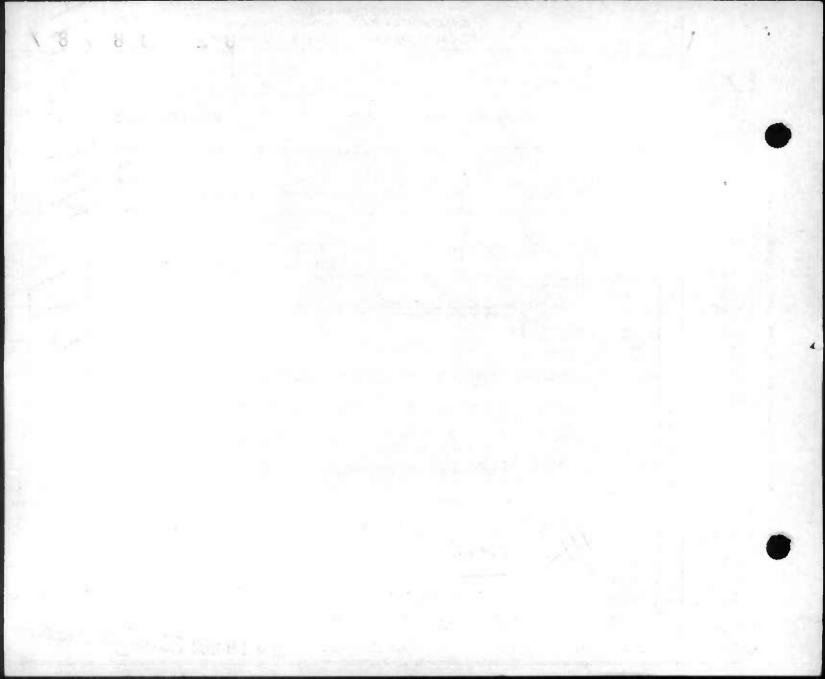
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ATTENDING

1 - FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2
Booldin	Marie Elizab	Bouldin	20. DATE OF DEAT
SEX	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE IIN YEARS LA

82 ST BIRTHDAY) IF UNDER I YEAR BIACK 1900 8 BIRTHPLACE 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN NEVER MARRIED MARRIED WIDOWED X DIVORCED MD NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY University ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1100 1712 Barc NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) mildred Pierce NO 231-32-3385 1104 Orleans 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) FAIWRE Canditions, if ony, which gave rise to immediate cause (a), stating the FALLURE underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **FICATION** 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death. , and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

the buriol-tronsit per and Mental Mygiene à r use as the k morked to should be detached with the State Dept IMPORTANT: IF 22e ADDRESS F. GRAYSON 23e. BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) CITY OR TOWN mt. Zion

North

1101

DHMH - 16 50M 1/B1

DIRECTOR:

FUNERAL

(VRA 15, 4)

3/82

24 FUNERAL DIRECTOR

Cemetery Danser P. 250. DATE RECD. BY REGISTRATO APR 30

eld modelled to the tent of tout the transfer of the NO 231-32-3385 40114-64 Disease 1104 Orleans St. The second second Showing Armed The AND IN SHAPE THE WAY Buriel 5/3/82 mt 2 por Calettery Win. C. March TH HOT E. North Acc. . . STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATION

MEDICAL

WHILE AT WORK

(SPECIFY)

Buria

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME MIDDLE LAST DAY YEAR 26. HOUR (TYPE OR PRINT) ouis Winfred 8 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX MONTH Male

To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY

126 KIND OF BUSINESS OF INDUSTRY LOWN

130, STATE

LAST

Louis Bourden. 60. WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

- STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5 mmutes

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO F

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

AT WORK

HOUR A.M. P.M.

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

211. LOCATION

22e. ADDRESS

CITY OR TOWN

COUNTY STATE

22a I certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on 4/12 above, (1) we did (did not view the body after death

226. SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Yardens

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

BALTIMORE CITY 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION usoury.

Maryland

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

0

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Funeral Home. (hinco teaque.

256. DATE REC'D. BY REGISTRAR 256. REC ISTRAR'S SIGNATURE

White 20 barch YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Irainia WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (T) RE OF WORK FOR MOST OF WORKING LIFE) Baltinore Pataniance timore itu Hospital USUAL RESIDENCE (IF NURSING HOND OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE
130, COUNTY
131, CITY OR TOWN 13e. STREET ADDRESS 134 INSIDE CITY LIMITS? Virginia Accomack rinco tegque listu Meadows YES | NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Boothe Lara **ADDRESS** 166 SOCIAL SECURITY NO. 17 INFORMANT KYES, NO OR UNKNOWN) (If YES, GIVE, WAR OR DATES) (hinco teague, Virginia yes Bouden, CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) DUE TO, OR AS A CONSEQUENCE OF Unkhown Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause tost UNKNOWN Cerebrougeculor 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0

1	- STATE REGISTRAR				CERTI	ICATE OF D	EATH	8	ZEG. N	. 0	8	9	9	1
	CEASED NAME	10 thy	ľ	AIDDLE Q'.	Apr	LAST		2a DATE OF		MONTH 4/2	DAY 9/6	YEAR	26 HOUR	P
1.56		- 17	Whi	te	5. DATE (OF BIRTH	YEAR G 5	6 AGE (INY	EARS LAST BIR	THUAY)	AIF UNDER	DATS	IF UNDER 2	MIN.
lave	RTHPLACE (STATE OR FO	REIGN 7b	CITIZEN OF	SA	NTRY? 8. MARRIE WIDOWI	D NEVER A	AARRIED .	9 BALTIMO	RE CITY O	RCOUNT	Y OF DE	ATH		
1175	Da/ho	15	(IF NOT IN SUCI	Mercility, GIV	URSING HOME (12a USUAL (TYPE OF WOR		ION OF WORKING I		MND OF USTRY	BUSINES	SS OR
13a. :	My	3b COUNTY	ER INSTITUTION.	13c. SITY O	RTOWN	134 INSIDE C	NO [13e. STREET .	- 11	Mitte	N	A	Je.	
	Joseph.	MIDO		alen	st o	*	MAIDEN NAM	JC .	MIDDLE		5	TRE	ilib	
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMEI		218-1	1 SECURITY NO. 0-39250	INFORMA	Setty L	· You	ADDRE	536	N.	EM	ton (Qu
ICATION	Conditions, if any, gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNII 19a DATE OF OPERATION	FICANT CON	iditions co	PRITTIBUTION	SEQUENCE OF G TO DEATH BUT FUI JUNE WHICH OPERATIO	NOT RELATED				20b. IF YE	S, WERE	FINDIN	GS USED	42
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDER	USE OF DEATH	215. TIME OF HOUR A.A P.A	A. MONT	H DAY YEAR	21c HOW IN	JURY OCCURR	YES ED (ENTERNA	NO	Y	ES 🗍		NO 🕞	
MEDIC	214 INJURY OCCURRE NOT WHILE AT WORK		21e PLACE C	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATIO STREET	N	M	CITY OR TO	WN	COU	NTY	STA	ATE
	22a I certify that (I) (t saw the deceased above (I) we) (die 22b SIGNATURE	alive an 1) (did not) vi	4/29		19 82 , 61	DEGREE	(aur) apinion d	medical	STAI	FF				
23a. E	BURIAL, CREMATION, RE		3b. DATE 5 - 3 -	89	BALTI	MORE	CEM	23d. LOC /	BAL	To.	COUNTY	D .	STA	NTE STE
24 1	NERAL DIRECTOR	مولان	- 75	27 4	Hartne	Red.	250 DATE	REC'D. BY R	EGISTRAR	251 DEGIS	TRAR'S SI	GNATI	IRE	

DHMH - 16 50M 1/81 (VRA 15, 4)

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CEM BALTO.

25e, DATE REC'D. BY REGISTRAR 25L DEGISTRAR'S SIGNATURE

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		FOR	DEDARTM	ENT OF HEALTH AND MENTAL HYG	TEME	
1	1 -	STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	8 2 _{G.NO.}	0899
		CEASED NAME FIRST	moods.	TAGE .	20 DATE OF DEATH MON	TH DAY YEAR 26 HOL
		LUTHER	BOWENS		4-4-	82 7
	3. SE	24	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS
1	70 BI	RTHPLACE (STATE OR FOREIGN	15 LACK TO CITIZEN OF WHAT COUNTRY?	MONTH DAY YEAR	9 BALTIMORE CITY OR CO	YRS.
77	74 0	SOUTH CAROLINA		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMON	1
-	10 C	TY OR TOWN OF DEATH		HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSIN
10		ALTIMORE	MID TOWN	RURSING-Home	(TYPE OF WORK FOR MOST OF WOR	AUTO MEC
5/	73a. S	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE A NTY 13(, CITY OR TOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS	
2		Md. THER'S NAME	BALto	YES NO 1		HERS RY
Ol		WASHINGTON	BOWENS	MARY	EMMA	BUTLER
7		VAS DECEASED EVER IN U.S. AF		ITY NO. 17 INFORMANT	ADDRESS	.,
1		res, no or unknown) (IF yes, GI	ve war or dates) 049 05	983 MRS. LILA I	NGRAM 2703 W.	INCHESTER STREE
		18. CAUSE OF DEATH (Enter or	nly one couse per impfor (o), (b), and DBY:	(c).)		APPROXIMATE INTE
		PART I. DEATH WAS CAUSE	TE CAUSE (a) MOJAUSCU	/vimonany	PhursolUS	
		IMMEDIA				
		1629 IMMEDIA				
		1629	DUE TO OR AS A CONSEQUEN	OCT OF		
		Conditions, if any, which gove rise to immediate	DUE TO OR AS A CONSEQUEN			
		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUEN	NCE OF MA LUNG		
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUEN	NCE OF MA LUNG		
	7.	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	NCE OF MA LUNG	,	DN GIVEN IN PART 1(g)
	ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI	NCE OF LUNG	NINAL DISEASE OR CONDITIC	
2	IFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	NCE OF LUNG	AINAL DISEASE OR CONDITIC	. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA
2	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI 196. CONDITION FOR WHICH CO	NCE OF NCE OF EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCUR	AINAL DISEASE OR CONDITIC	D. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES NO
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2		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF NCE OF EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCUR!	AINAL DISEASE OR CONDITIC), IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES NO [NO [
2	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	NCE OF NCE OF EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCUR!	AINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IN YES NO 1	D. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA: YES NO
2		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI 196. CONDITION FOR WHICH OF THE CONDITION AM. MONTH DAY P.M. 216. PLACE OF INJURY	NCE OF NCE OF EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 21l. LOCATION STREET	AINAL DISEASE OR CONDITIC	O. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES NO [NO [TEM 18 PART OR PART 2)
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29	WEDICAL WEDICAL	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DI 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (1AT HOME STREET, FACTORY, OFFICE, FAI (b) (c) (c) (c) (c) (d) (d) (d) (d	PICE OF NCE OF EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 21l. LOCATION STREET 19 Ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 12e. ADDRESS	AINAL DISEASE OR CONDITIC 200 AUTOPSY? YES NO	COUNTY 19, that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

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IMPORTANT: If Bem 21 is

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TO FUNERAL DIRECTOR: After this certificate has been

attending physici

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FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYG	IENE 8	REG. NO.	0	8 9	9	3
I. DECEASED NAME FIRST	WIDDLE	LAST		2e. DATE OF	DEATH MON	VIH DAY	YEAR	2b HO	UR
MAE		BOWERS			APF	RIL 1	.5. 8	2	М
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE IN YE	ARS LAST BIRTHDA		UNDER I YEAR		-
FEMALE	NEGRO	08 19	1905		76	YRS.	NIHS DAYS	HOURS	MIN.
78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED -	9 BALTIMO	RE CITY OR C	OUNTY O	FDEATH		1100
COUNTY	USA		ORCED	BALT	IMORE	CITY	7		MD.
ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		ITUTION		OCCUPATION FOR MOST OF WO		12b. KIND		ESS OR
BALTIMORE	PIMLICO MANO			(TIPE OF WORK	. FOR MOST OF WO	JAKING EIFE)	II V DOSTRI		
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COL MARYLAND	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JUNTY 13c. CITY OR TOWN BALTIMO	N 13d. INSIDE CI	TY LIMITS?	13e. STREET A	ADDRESS DOLPHI	IN SI	REET		
14. FATHER'S NAME		15. MOTHER'S	15. MOTHER'S MAIDEN NAME						

MIDDLE LAST MIDDLE Unkn Unkn ADDRESS 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-03-1313 Gladys Bullock 501 Dolphin St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF ASCVD Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION

190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING __ CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED

22a I certify that (I) (this ha

22b. SIGNATURE

ARTHUR

saw the deceased alivabave, (I) (we raid) (di

216. TIME OF INJURY MONTH HOUR A.M. DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

5 APRIL 1082

21e. PLACE OF INJURY

the bady after death

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 10, PART 1 OR PART 2) 211 LOCATION STREET CITY OR TOWN

20a AUTOPSY?

NO

COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

and that in (my) (or) apinian death occurred on the date and hour and from the causes stated

NO [

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED APRIL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e ADDRESS

DEGREE

3640 FORDS LANE BALTIMORE

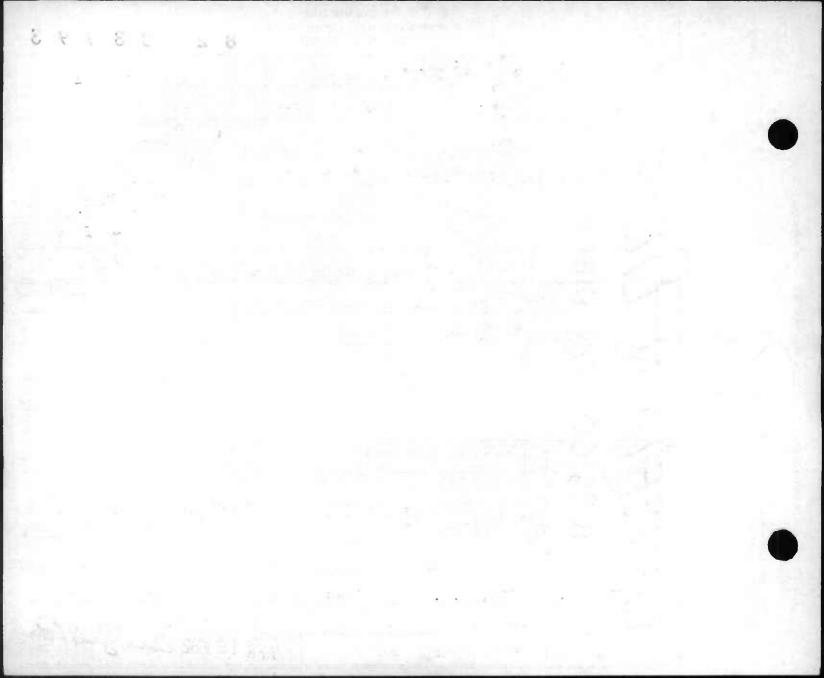
23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 4/20/82 23¢ NAME OF CEMETERY OR CREMATORY Zion Cem

23d. LOCATION CITY OR TOWN Landsdown,

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H 1101 E. North Ave.

LEBSON



8

or Item

PORTANT: #

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Mildred Elizabeth April 7, 1982 Boyce 5. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Female White 26, 1908 VEM 73 To BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. Baltimore City WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore South Baltimore Cen'l. Hosp Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
1134. COUNTY
1137. CITY OR TOWN 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS City Patansco Avenue Maryland Baltimore NO E. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clarence Chapman Daisev В. prewster 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT Son) as (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 07.12.158 No Mr. Addison L. Boyce APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY GSPIVATOYU IMMEDIATE CAUSE 10 Chronic Obstructive rulmonary ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse Hypoxemia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION la- Diseasei Cardiovascular Disease herros clerotic 20a AUTOPSY' 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO T 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Burnie,

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Buria1

82

23c. NAME OF CEMETERY OR CREMATORY Holly Hills Mem.

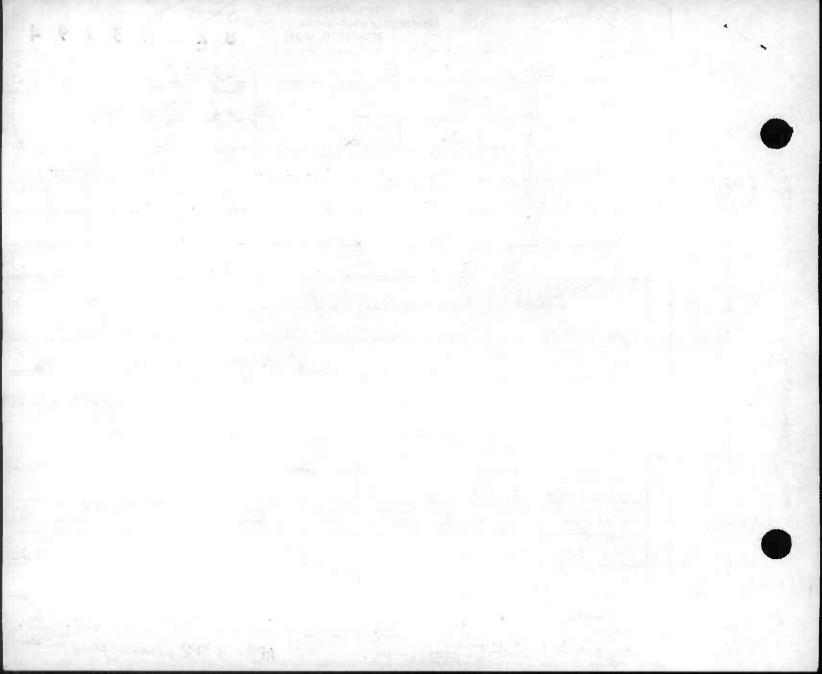
23d. LOCATION CITY OR TOWN

Middle River. Balt.,

DHMH - 16 50M 1/76 (VR A 15 (4))

74 FUNERAL DIRECTOR Singleton Funeral Home

MD.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STA REG		DEPARTA		IEALTH AND MENTAL HYG	IENE 8	2 _{G.NO.}	0 8	9	9	5
	I. DECEASI		WIDDLE	Z	PO 4 D	20 DATE OF	APRIL	22	YEAR 1982	26 HOUR	PM
	3. SEX Fer	MALE	CANCASIAN	S. DATE C		67	ARS LAST BIRTHDAY)		DAYS	HOURS	MIN.
1	1111	YLAND	CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	DIVORCED	D.	TIMORE	NTY OF DE	ATH		MD.
>	B	ACTIMICE 1	NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET. MV MARY LAND	ADDRESS)	DI-FAL	TYPE OF WORK	CCUPATION FS 4051 OF WORKIN	886 NO	KIND OF USTRYG	ROCE	SOR
1	130. STATE MAR	SIDENCE (IF NURSING HONDOR OF OT THE COUNTY YLAND CEC	13c CITY OR LOW		136 INSIDE CITY LIMITS?	130 STREET A	Church	1 5	lere	+	
-		TUHN MIC		A che	15. MOTHER'S MAIDEN NAME FIRST EMMA	ME	MIDDLE		Wes	+	
1		OR UNKNOWN) (IF YES, GIVE W			And pera B	Pugh	ADDRESS No.	rth E	ast	, Mc	1.
CONTRACTOR CARCILLARIA	Can gav und	ARTI. DEATH WAS CAUSED E IMMEDIATE (ditions, if ony, which e rise to immediate se (a), stating the erlying cause lost.	11000100	NCE OF 2° TO		belovin n	F thouaco	4	1/6/82	SET AND D	122/82 22/82
	CAL CERTIFIC		196 CONDITION FOR WHICH SUBCIANA E 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	Nehic Y YEAR 19	N WAS PERFORMED PROPERTY OF THE PROPERTY OF T	ED (ENTERNALL	206. IF IN CE NO SX URE OF INJURY IN ITEM	YES, WERE RTIFYING C YES 18 PART LOR4	AUSES C	GS USED DF DEATH NO	

220.1 certify that (I) (this hospital) attended the deceased from

MEDICAL

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

23a BURIAL, CREMATION, REMOVAL

Burial

ShepARO, MD 236 DATE

4-25-82

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION
RISING Sun

Cecil Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for uswith the State Dept of Hee

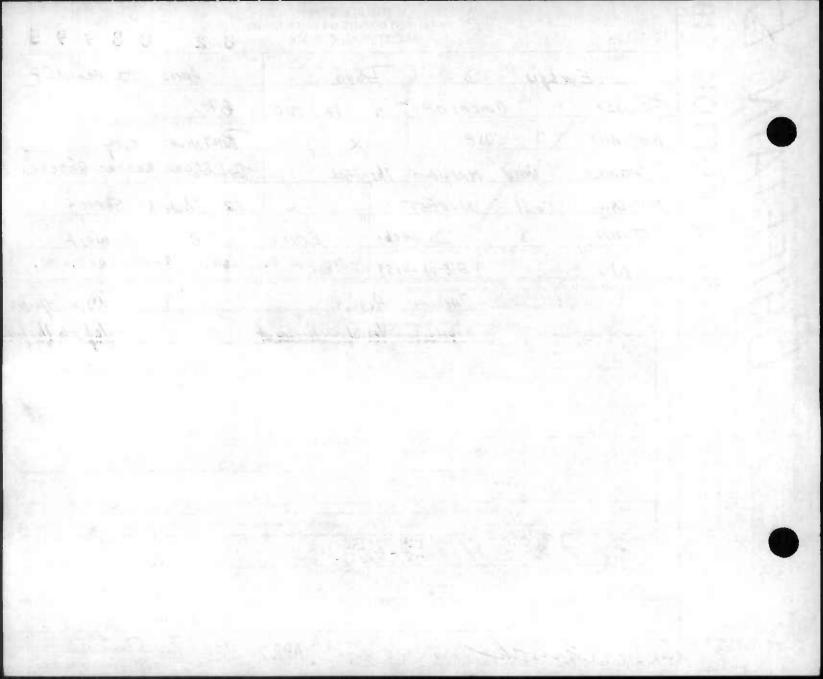
MPORTANT

North East.

Brookview

APR 2 7 1982

P'S SIO DA URE rance



(ma)		Marga	ret	В	loyd				4 1	82	2:051
	3. 51	X	4 RACE		5 DATE (YE AR	6 AGE (IN YEARS LAST BIRTHD)	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
		Female		lack	1	18	48	34	YRS		THE STATE OF THE S
death, the merol 3	7 70. 8	COUNTRY) S.C.		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MA	RRIED 🔼	Baltimore city or o	imore		M
on softer of the fulled with		Baltimore	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET T. AGNES	ADDRESS)		NOITU	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI		126 KIND C INDUSTRY	OF BUSINESS OF
AND 212 nour n 24 hour nould be from 1951 be in the state of the state		AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY		13e. STREET ADDRESS 1902 Mos	sby Co	ourt	
mARYL ompletely ompletely ond 2 s	0	ATHER'S NAME FIRST Woodrow	WIDDIE	Boyd		15. MOTHER'S M	ce.	WIDDLE		G1a	dney
BALTIMORE, cote be executed to pers. Pages 1 vol. vol. it, the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	N/A	RITY NO.	Woodr		od, Jr. 5437	7 Bell	le Vis	ta Ave.
BAL cote oper ovol. nt, th		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED RV.							BETWEEN	IMATE INTERVAL ONSET AND DEATH
ng ph bonp remc		IMMEDI	ATE CAUSE (a)	SUBAI	RACI	MNOID	HE	morning	C	4:	DAYS
201 W. PRESTON ST es that the death certi red by the attending p please carbon urial, cremotion, or ren v. or other troumotic ev.		Conditions, if ony, which gave rise to immediate		OR AS A CONSEQUE		TEN	5:01	Y		mei	NTHS
on W. P		couse (a), stating the underlying cause last.	(c)	SYST	Em.					7	EARS
	NOL	PART 2. OTHER SIGNIFICAN	ERC	ENAL	FAI	LURE		NAL DISEASE OR CONDIT	ION GIVEN	IN PART 1	D11
ALRECC	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	NED				NGS USED OF DEATH?
I OF VIT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	3/1/16
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir rentending physician. When this certificate has been sign os the buriol-transit permit. Then the and Mental Hygiene prior to borked or them 18 stagws ony injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION		CITY OR TOWN		COUNTY	STATE
ATTENDIN spitol or CTOR. Al for use of Healt	ild	220.1 certify that (1) (the hose saw the deceded alive above, (1) (xe) (did) (did			P2	3/2) nd that in (my) join	19 P 2	eath occurred on the date	1 19.	ond from the	that (I) (we) las
AL OR A the host AL DIREC detoched bet Dept.		27b. SIGNATURE	Hac	~		DEGREE	ENDING YSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	NE	22c. DATE	SIGNED 1/02
HOSPIT bined by FUNER ould be th the Str		27d PHYSICIAN'S NAME (TYPE) Dr. Halm		S. Ur		22e ADDRESS					THE R. LOW
O # 5 # ₹ ₹ -	-		T	Total Control		1		M-1			

23b. DATE |SPECIFY| Burial 4/7/82 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Wm. C. March F/H, Inc. 1101 E. North Ave. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

FOR

- STATE

REGISTRAR

I. DECEASED NAME

236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

20 DATE OF DEATH

MONTH

4

YEAR

82

76 HOUR

STATE

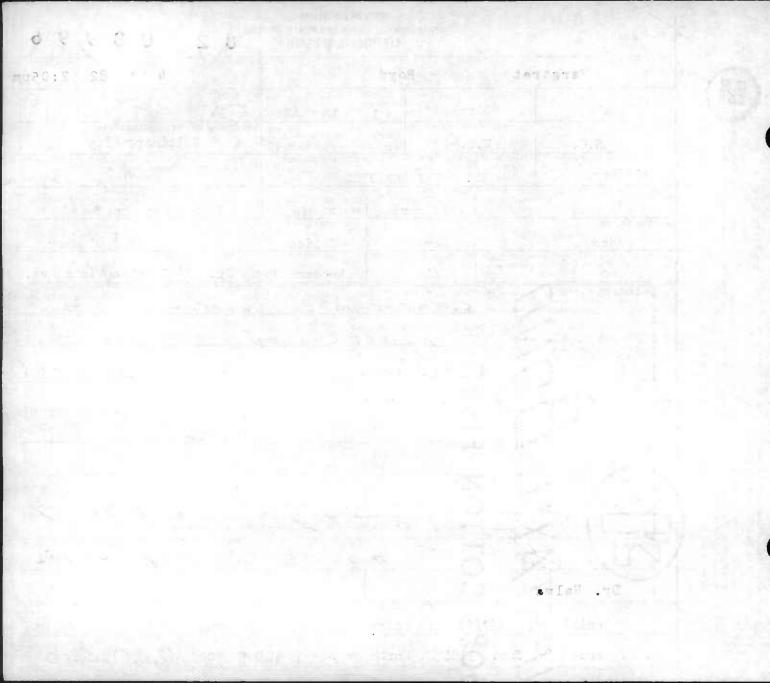
MD

2:05pm

Glen Burnie 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

23d LOCATION

CITY OR TOWN



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	n ond o	Poges.	
	physicio	popers	novon.
	ending	corbor	n, or rer
	the off	remove	remotio
	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled	should be detoched for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should t	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.
	been sig	nit. The	rior to b
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phy	tific	1-tre	Hal
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eton	10	shou	with

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

death. Page 4 may be ector.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	ZG. NO.	0	8	9	9	1
				-	-	

FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 NO	8 9 9 7		
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR		
(TYPE OR PRINT)	EANOR DAW	ES BRADLEY	April 12, 19	182 6 P. W		
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS		
Female	White	Nov. 20, 1882	99 YR:	MONTHS DAYS HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN			
Mass.	USA	MARRIED NEVER MARRIED WIDOWED NORCED	Baltimore C	City MD		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
Baltimore	(IF NOT IN SUCH FACILITY, GIVE S Ardleigh Nu	irsina Home	(TYPE OF WORK FOR MOST OF WORKING Homemaker	Own Home		
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)	13e STREET ADDRESS			
Maryland		imore YES NO []	4418 Marble	Hall Road		
14 FATHER'S NAME		15. MOTHER'S MAIDEN N	AME			
Wilfred	C. Day	wes Olive	MIDDLE	unders		
160 WAS DECEASED EVER IN U.S.		SECURITY NO. 17. INFORMANT	ADDRESS			
(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES) 216 46	6 8570 Miss Ruth	Bradley,	Same		
18. CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b SED BY.), and (cl.)	1 1 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		vary Selevotes	leart Pisco	a 31/2 years		
4140	DUE TO, OR AS A CONSE	FOLIENCE DE COL	-A- 1	, <, /		
Conditions, if any, which	(b)	When sele	Lother generale	140 3/2 years +		
gove rise to immediate	gove rise to immediate) cause (a), stating the) DUE TO, OR AS A CONSEQUENCE OF					
underlying cause lost.	underlying cause lost.					
	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)		
NO N	C					
190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?		
E			YES NO X	YES NO		
21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
OR CONTRIBUTION CAUSE OF E	ZEATH	19				
(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TOWN	COUNTY STATE		
WHILE AT WORK AT WORK	CATHOME, SIKEET, PACTORT, OF	A.	Α .			
	pital attended the deceased fro		9. to lefrel 12			
saw the deceased alive above, (1) (we) (did) (did	nat) view the bady after death.	19, and that in (my) (aur) apinion	death accurred an the date and I	nour and from the couses stated		
226. SIGNATURE	AA- 11 A	DEGREE		22c. DATE SIGNED		
W. Gras	lon Herse	DIGHT M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	4-13-82		
224. PHYSICIAN'S NAME IT	E OR PRINT)	22e. ADDRESS				
Dr. W. Gra	fton Hersperge	er, M.D. Medical	Arts Building	. Balto . Md .		
230 BURIAL CREMATION PEMOV		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Cremation	4/13/82	Green Mount	Balto.	COUNTY STATE		
24 FUNERAL DIRECTOR Hen	ry W. Jenkins	& Sons Co. 250. DA	ATE REC'D. BY REGISTRAR 256 REG	ISTR IT SIGNATURE		
4905 York Roa	ad Balto., M	d. 21212 A	PR 13 1982 Fran	cro June		

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OR ATTENDING PHYSICIAN: The law

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STATE OF MARYLAND

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	FOR STATE REGISTRAR		DEPARTMENT CE	STATE OF MARYLAND OF HEALTH AND MEN RTIFICATE OF DEA	ITAL HYGIEN	8 2 REG. NO	0	8 9	9	8
	1. DECEASED NAME FIRST HENRY	V	BRATT	WAITE	20			Z, 1982	26 HOU	IR 22
	3. SEX	4. RACE		DATE OF BIRTH	6	AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER TYEAR	IF UNDER	24 HRS
1	m	V		MONTH /2 9/40	YEAR	4-2	YRS.	ONTHS DAYS	HOURS	MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF		ARRIED NEVER MAR	RIED L	BALTIMO	R COUNTY			
3	10 CITY OR TOWN OF DEATH BALTO	JOHNS	HOPKINS	OME OR OTHER INSTITU	TION 12	USUAL OCCUPATION YPE OF WORK FOR MOST O		12b. KIND O INDUSTRY RUBB		SS OR
-	13a. STATE	ALTO	GIVE RESIDENCE BEFORE ADME 13c. CITY OR TOWN ESSEX	13d. INSIDE CITY I YES NOTHER'S MA		STREET ADDRESS	ADIL	rick	Di	R
	VERNON J	i BR	AIT HWAIT	TE AM		SNU	DER	, LAS	Ť	
2	160 WAS DECEASED EVER IN U.S. AR {YES NO ORUNKNOWN} (IF YES, GIV	MED FORCES? (E WAR OR DATES)	214 40 72	51	ARET	ADDRE	55	AB	CVE	
	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (O) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, O (c) CONDITIONS CO		nyllocytrz or		200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USEC	H?
2	00.00.00.00.00.00	TH HOUR A.	M. MONTH DAY	YEAR	Y OCCURRED	YES NO (ENTER NATURE OF INJUR	YES	hamal	NO	
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE		211 LOCATION		CITY OR TOV	vn /	COUNTY	5	TATE
	27a. I certify that (I) (his hosping the deceased alive an above (I) (We) (did) (did no 27b. SIGNATURE) 27d. PHYSICIAN'S NAME (TYPE O DONNA PR. 7	t) view the body	VI Z 19 82 after death	DEGREE MD PAD ATTE PHYS 22e ADDRESS	NDING A SICIAN D	TO	FIAND	9 82, 1 and from the c 27c. DAYE : 4/2		ve) last
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 4/6/8	23c. NAME	OF CEMETERY OR CREA		23d LOCATION CITY OF TOWN BALT		COUNTY	51	TATE
	24 FUNERAL DIRECTOR T. 6. CONNELL	1 3	ADDRESS AC.	,	250. APR	6 1982	SE GISTR	ASIGNAT	Pas Cla	27

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DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pi TO FUNERAL DIRECTOR: After this certificate has

IMPORTANT: If Item 21 is

J. G. CONNELLY

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in should be detached for use as the burial-transit permit. Then please remove corban papers. Pages Land 2 should be the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 21 is marked or Item 18 shaws any injury, ar ather traumotic event, the medical

STATE OF MARYLAND

1	- STATE REGISTRAR	DI		EALTH AND MENTAL HYG ICATE OF DEATH	8 2	NO O	8 9	9 9
	CEASED NAME FIRST	trus L. R.	ranch) ST	2s. DATE OF DEATH	4/30	182	7 A
3 SE	Male	Black	S DATE C		A AGE INTERSTRUCT	vrs.	Desired Barri	P BNORR 24 HES.
	COUNTRY) A STATE OR FOREIGN	(15 A	MARRIEI	NEVER MARRIED DIVORCED	Baltimore City	OR COUNTY C	CIT.	MD.
	Baltimore	11. NAME OF HOSPITAL, (IFNOT IN SUCH ACILITY, GT	N TOSP	ROTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO	ATION		BUSINESS OR
USU 13a	AL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS?	136 STREET ADDRES	Ellica	H. D.	D,
14. F.	Tames	- 0	ranch	R ebec	MIDDLE MIDDLE		Bran	ch
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GH	VE WAR OR DATES!	07-1076	Raymond L	Branch	Wich:	E. May	mood Au
Z	Conditions, if ony, which gove rise to immediate couse lo), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A COME DUE TO, OR AS A COME (c) CONDITIONS CONTRIBUTE	VYUNUT	na)	luy linal disease or co	ondition give	N IN PART 110	
MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYI		
MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR	TOWN 3	COUNTY	STATE
	22b. SIGNATOR MANY	Tell	was f	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS		TAFF _		
	BURIAL, CREMATION, REMOVAL	23b. DATE 511. 182	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the haspital or attending physician.

24 FUNERAL DIRECTOR
WESTER MORCH PH

1101 E. North

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	FENDING PHYSKCIAN. The law requires that the death certificate be executed within 24 hours ofter death. P tol or ottending physicion.
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	TENDING PHYSICIAN: The I
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached far use as the burnal-transit permit. Then please remove cabanappers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene priar to burnal, cremation, or removal.

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IMPORTANT: If Item 21 is marked or Item 18 shows

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

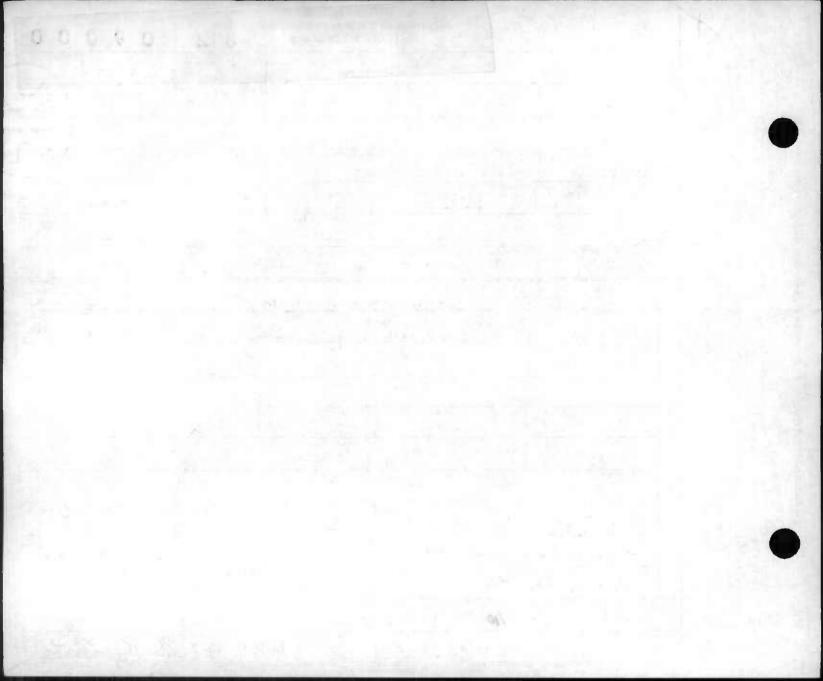
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	REGISTRAR				· CEKLII	FICALE OF DEAL	IH	0 6	NO () 7	U	U	U
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(TYP)	ORPRINT	Martha			Bra	annon			4	3 82			4.4
SE	X	4	RACE		5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER 1 YE	-	IF UNDER	24 HRS
1	female		black		10	24 €	56		75 _{YRS}	100	75	HOURS	MIN.
	RTHPLACE (STATE OF	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARR	uso []	9 BALTIMORE CITY	OR COUN	TY OF DEATH	1	5.0	
	S.C.		USA		WIDOWI	2.5		Baltimo	re cit	У			MD
0. C	ITY OR TOWN OF DE	ATH 1				OR OTHER INSTITUT	ION	12a USUAL OCCUPA		12b KIN		BUSINE	
	ltimore		2438	E. Eager	Stre	eet		(TYPE OF WORK FOR MOS	T OF WORKING	LIFE) INDUST	RY		
13a :	AL RESIDENCE (IF NUR STATE Md	13b COUNT		Baltimore	N	13d INSIDE CITY LI	IMITS?	3. STREET ADDRES 2438 E.	Eager	Stree	t.		
4. FA	THER'S NAME		DDLE			15. MOTHER'S MAI	IDEN NAM						
Jo	hn	Mi		hompson		Mary		WIDDIE		Corl	ey		
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT		ADD	RESS				
(NO OR UNKNOWN)	(IF YES GIVE V	WAR OR DATES)	219-28-0	708	Russell E	Brown	2438 E. I	Eager	Street			
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	BY:	line for (o), (b), one		ous men	ing it is			BETWE	-	ATE INTER	
	DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause iol, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column Carcinome DUE TO, OR AS A CONSEQUENCE OF Column Carcinome DUE TO, OR AS A CONSEQUENCE OF Column Carcinome DUE TO, OR AS A CONSEQUENCE OF Column Carcinome DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column Carcinome DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF COLUMN CARCINOME DUE TO, OR AS A CONSEQUENCE OF								IVEN IN CAR		box a	th	
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	21a ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM II	3 PART I OR PART	2)		
MEDICAL	21d INJURY OCCUR	HILE []	21e PLACE ((AT HOME, STR	OF INJURY EET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET		CITY OR	IOWN	COUNTY		S	TATE
	22a. I certify tha (1) saw the leceos above (1) well 22b SIGNATURE 22d. PHYSICIAN'S N	ed alive an didij(did nat)	Marciview the bady	ofter death.		nd that in (our) DEGREE	IDING	MEDICAL ST DIRECTOR PHYS	date and h	120 DA	he ca	uses sto	
2			ividso			1	Baltin	nore, M					
30 E	URIAL, CREMATION, SPE Burial	REMOVAL	23b DATE 4/In/	82 R=		EMETERY OR CREM		23d LOCATION		COUNTY		. 31.15.	TATE

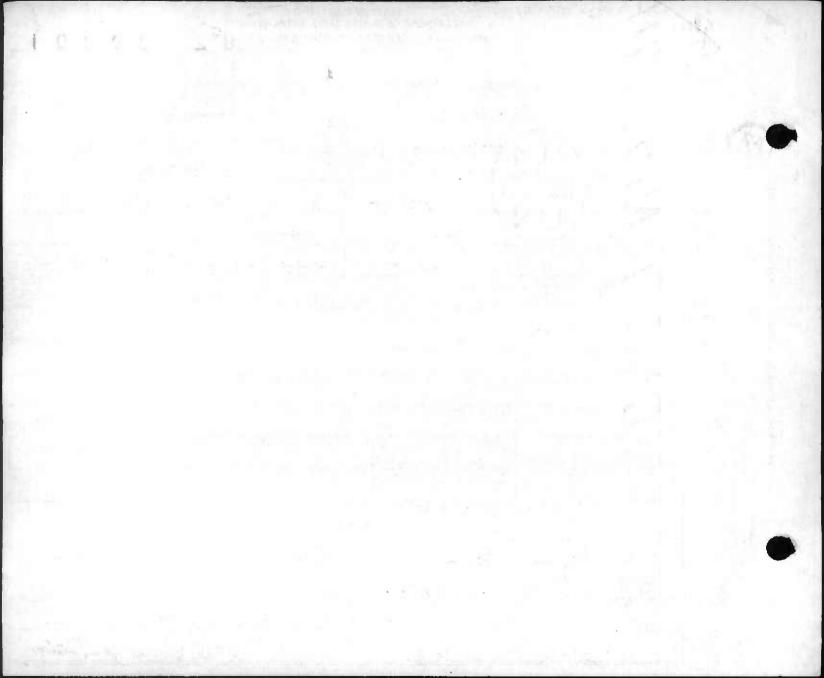
24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Avenue

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M.	tem		n G567	5/27/82			MARYLAND H AND MENTAL H	IYGIENE					
	- STA	TE ISTRAR		MEI	DICAL EXAM	NER'S	CERTIFICATE C	F DEATH) REC	6. NO	9 (0 0	1
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L	7%		John		Н.		an≰sby	DEA	TH MATE			4 19 82	M
3. S	EX	4. RAC		5. DATE OF BIRTH	6. AGE (IN		NDER 1 YR. IF UNDER	MIN PRONC	ATE DUNCED	MON			5:20
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	FOREIGN	(COUNTRY)					RIED NEVER MARR	IED 🔲	IMORE CI	_		DEATH	
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		Itimore			N. Broadwa			Secur	WORKING LIFE	lard	3	OR INDUSTI	RY
	UAL RE	SIDENCE (IF IN NI	JRSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADM	SSION)	L						
30.	STATE		136 COUNT	Y	Baltim		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET AD	N. B	roadw	ay		
14	FATHE	R'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE			LAST	
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100.	(YES. NO	O, OR UNKNOWN)	(IF YES, GIVE W	'AR OR DATES)	166 SOCIAL SECUI		Patricia	Dwanchy	Aptop		Dide	no Civ	alo
=	ye		WW		215-10-9 for (o), (b), and (c).)	/35	Patricia	Dransby	0904	aren	Kiu	APPROXIMATE	
	10	PART I DEATH V	ILC CALIFIE	mass.		otic	Cardiovascu	dar Die	2250		86	TWEEN ONSE	
1	13	1590	IMMEDIATE		AS A CONSEQUENCE		cararovasco	1101 0130	3030				
		Conditions, if	any, which	(b)									
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2		T 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RTIa			9		
MEDICAL CERTIFICATION	190	DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OF	ERATION V	WAS PERFORMED?			-	20	AUTOPSYS	,
IFIC.											C	AUTOPSY 1ead & YES * X	and NO [
	210	EXTERNAL CAL		216 TIME OF	INJURY . MONTH DAY YE	21c H	OW INJURY OCCURRE	D (ENTER NATURE C	P INJURY IN IT	M 18 PART 1	OR PART 2)	cervi	cal :
CAL	UN	DERLYING UNTRIBUTING	CAUSE OF DE	EATH P.M.	. 19	- CR					s	oine d	only)
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		22a I certify that	(Head	and Cervi	ical Spine	Orily	psy-XX. Inspectio	n . Inqu	ıry .	ond in m	y opinion		
	de	eoth resulted from	n: Noturo	couses XX.	Accident ,	Suicide _	, Homicide .	Undetermined	monner [V .	
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1	EXA	AMINER'S NAME	Vira	inia L. [Dolan, M.D		_ADDRESSII	I Penn	Stree	+			
23a.		L, CREMATION,					OR CREMATORY	23d. LOCATIO	N		COUNTY		ATE
	Bu	rial		28 Apr. 8	2 Crowns	sville		Cem. Cr	ownsv		A.A.	Mď	•
24	FUNE	RAL DIRECTOR		ADDRESS				REC'D. BY REGIS	RAR 25b	REGISTRA	SSIGNA	W-	(m)
	Ja	mes S.	Kirkley	y Glen Bu	rnie MD.		AP	R 2 9 198	56 GA	unces	History	- PRIM	DATE:



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SEX S DATE OF BRITH	SEX	6 AGE (IN YEARS LAST BIRTHDAY) 15 9 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH BALT, CITY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ME MIDDLE MCClellan ADDRESS WX ton 3905 Hilton Rd, APPROXIMATE INTERPVAL BETWEEN ORNSET AND DEA APPROXIMATE INTERPVAL BETWEEN ORNSET AND DEA APPROXIMATE INTERPVAL BETWEEN ORNSET AND DEA
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138 STATE ADDRESS 138 AND CITY OF TOWN 134 AND CITY OF THE ADDRESS 154 AND CITY OF THE ADDRESS 154 AND CITY OF THE ADDRESS 155 AND CITY OF THE A	136. STATE 136. STATE 136. STATE 137. DALT, 137. CITY OR TOWN 136. INSIDE CITY LIMITS? YES NO 14 FATHER'S NAME FIRST Edward MCClellan 15. MOTHER'S MAIDEN NAME FIRST DaisyL 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 178. NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CARDLO - RESPIRATORY DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if any, which gove rise to immediate couse (o), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MCClellan Approximate interval
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directifications as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours attwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. that the death certificate be executed within 24 ATTENDING PHYSICIAN: ital or attending physician.

IMPORTANT: 11 Item 21 is marked or Item 18 shows any injury, or other traumatic event,

DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1101 E. North Ave.

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LIBERTY

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

ar attending physician.

retained by the haspital

must be netified by or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at them 18 shaws any injury, at other traumatic event, the medical exa

	1.	FOR - STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND FHEALTH AND MENTAL I IFICATE OF DEATH	HYGIENE 8	2 _{G. NO.} C	90	0 6
		CEASED NAME BRINEGAR	t MIDDLE	LA	THEIT	20 DATE OF	DEATH MONTH	DAY YEAR 18 82	26 HOUR
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12		IRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76 CITIZEN OF WHAT O	MARI	RIED NEVER MARRIED		RE CITY OR COUNT	TY OF DEATH	MD.
38		BALTIMURE	(IF NOT IN SUCH FACILIT		Hospital	(TYPE OF WORK	CCUPATION FOR MOST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR Bewife
35	130	PID Arun	Anne Bacci	IDENCE BEFORE ADMISSION TY OR TOWN	N) 13d INSIDE CITY LIMITS YES NO X		ADDRESS L	ot 206	Homes
20		Solomon	MIDDLE	Reel	15. MOTHER'S MAIDEN	NAME	MIDDLE A.	8 wil	
2	- (WAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	1-80-1109	Chaet		on Lothian		
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29	CAL CERTIFICATION	190 DATE OF OPERATION 4/14/5/2 710. *ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	Cxp Lapon 21b. TIME OF INJUR HOUR A.M. MO	rationy = E		200 AUTO	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	IGS USED OF DEATH? NO
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		27a I certify that (I) (this hospii saw the deceased alive an, above, (I) (we) (did) (did noi 27b, SIGNATURE	4/18	10 82	and that in (my) (our) apini DEGREE ATTENDING PHYSICIAN	G MEDICAL	STAFF PHYSICIANX	22c DATE S	
		RICK L. ST			22e. ADDRESS		BALT, M	סבוב מו	1
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/21/182		CEMETERY OR CREMATOR Hill Ch. of B		Redland,	Montg.	Md.

316 E. Diamond

Gaithersburg, Md, 20877

250 DATE BECD. BY REGISTRAR 256 RESISTRAR SEGNATOR

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Gartner Sandison F. H.

O U - I 's - S & - CHARLES STERNIE Total on the company of the second section (8514-0 - 185) TO A THE PROPERTY OF THE PARTY OF THE PARTY. THE PARTY OF orthografie and . . . Date are me, Md. 45 277 Later and the contract of the co completely filled in by the funeral director, page 3

remave corbanpapers. Pages

injury, ar ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspital or attending physicia

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shaws any

may be

STATE OF MARYLAND

8 2G. NO.	0	9	0	0	7
a DATE OF DEATH MONTH	D	3	YEAR 82	26. HOL	IR N/
. AGE (IN YEARS LAST BIRTHEAY)		IF UND	RIYEAR	IF UNDER	24 HRS
1 .1	N	ONTHS	DAYS	HOUR5	MIN

	- STATE REGISTRAR	DEFARIM	CERTIFICATE OF	DEATH	8 2	0 9	007
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE &		scoe 20	DATE OF DEATH MO	NTH DAY Y	ZEAR Zb. HOUR
3.	SEX	JUR (Melsher)	5. DATE OF BIRTH	DE 6. A	GE (IN YEARS LAST BIRTHE	4 5 8 AY) IF UNDER	TYEAR IF UNDER 24 HE
	F	BV	MONTH 2DAY	, YEAR	64	YRS.	DAYS HOURS MI
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZÉN OF WHAT COUNTRY?	MARRIED NEVEL	R MARRIED . 9. B	ALTIMORE CITY OR C	OUNTY OF DEA	.TH
10	SUPPORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER IN	ISTITUTION 120	USUAL OCCUPATION PE OF TOTAL PROSECULAR PE OF		CIND OF BUSINESS CUSTRY
13	SO STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A SINTY 136, CITY OR JOHN	13d. INSIDE	NO [SIREET ADDRESS	WAY RUE	: 6t.
14	FATHER'S NAME	MIDDLE MINTE	2 IS. MOTHE	R'S MAIDEN NAME	WIDDLE	st.	11EN
16	WAS DECEASED EVER IN U.S. A (YES NO GRUNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SECUR PRIVE WAR OR DATES) 219-22-			Biscoe 61	LO N Mo	nroe St
	PART I. DEATH WAS CAUS	only one couse per line (o), (b), and SED BY: ATE CAUSE (o)	ve stu	ofce		ac i	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
	4140 Conditions, if ony, which	DUE TO, OR AS ONSEQUE	NE OF LIN	Pne	monis		
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	10F 20	V			
140	PARTS OTHER SIGNIFICANT	CONDITIONS CONTINUE TO	BEATH BUT NOT RELATE	D. Melli	DISEASE OR CONDIT	ION GIVEN IN PA	ART 1(o)
TIELCAY	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH C	OPERATION WAS PERI	-7		Ob. 1F YES, WERE F N CERTIFYING CA YES []	FINDINGS USED AUSES OF DEATH? NO
		EATH HOUR A.M. MONTH DA		INJURY OCCURRED	(ENTER MATURE OF INJURY II	TITEM 18 PART 1 OR PA	ART 2)
1024	OR CONTRIBUTING CAUSE OF DI IF ETHER. NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCA STRI		citr of town	cour	STATE
	sow the deceased alive a	pitol) ottended the deceosed from	ond that in (m	y) (our) opinion deat	toh occurred on the date	and hour and fro	, that (I) (we) li
	27h SIGNATUR	chan	MA		STAFF RECTOR PHYSICIAL		DATE SIGNED
	THE PHYSICIAN'S NAME (TYPE	ORPHUTI) A. BEITRA	N 1710 ADDR	OW, B	ALTIMOR	E ST E	3ALTIMOR

230 BURIAL CREMATION, REMOVAL (SPECIFY)
BUrial 23b. DATE

Rice FSPA

231. NAME OF CEMETERY OR CREMATORY Md. Veteran

23d. LOCATION

COUNTY

ADDRESS 1300 Eutaw Cem.

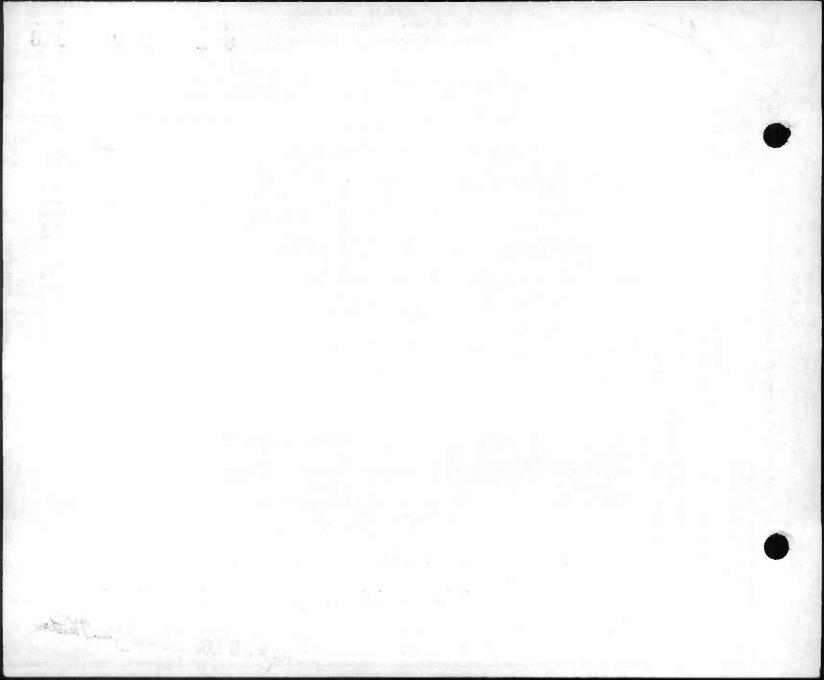
Crownsville

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Chas.

1 6 2 ensain . (Ledele action and separate and a separate of the separate of 1054 -- 104 - 85 -- 105 -- 105 --

(VR A15 ME (5)) 15M 2/80 STATE OF MARYLAND



death certificate be

completely filled in by the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1					STAT	E OF MARYLAND					
	1.	FOR STATE			DEPART	MENT OF H	EALTH AND MENTAL HYG	SIENE 8 9	0 9	0	0	9
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	4	U	Y	
		CEASED NAME	FIRST M	ORTON	MIDDLE H.	-	AST	20. DATE OF DEATH MONTH	H DAY	YEAR	26 HOU	R
	1	10	- 11	-	torion		BRIDGE	400 4	20	82	3-	=PM
	3. SE	X A. I	0	4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER	24 HRS
		Male		100	vite	MONTH	- DAY -29	52 XXXXX	YRS.	HS DAYS	HOURS	MIN.
	/IL BI	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	Maries	9 BALTIMORE CITY OR CO		DEATH		
35		MARYLAND		US	A	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE	CITY			MD.
	10 C	TY OR TOWN OF DEA	TH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12	b. KIND O	F BUSINE	
31	P	SALTIM	ORE		H FACILITY, GIVE STREET FIMORE CI		SPITAL	SALESMAN	KING LIFE) IN	GROCI	ERY	
2	USU/	AL RESIDENCE (IF NURS	NIG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)		. ΔΙ	PT. B	0.100		
35		MARYLAND	BAL		BALT IMO		13d INSIDE CITY LIMITS?	6624 SANZO F		#21:	209	
D.	14 FA	THER'S NAME		WIDDLE			15. MOTHER'S MAIDEN NA		-	100		
30	2	BERNA		WIDDLE	BRIDGE		BERTHA	MIDDLE		BECK	ER	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT JA	NE BRIDGEDDRESS	APT.	В		
de		YES	KOR	EA	212-28-8	855	6624 SANZO	RD. BALTO.	., MD	2.	1209	
		18 CAUSE OF DEAT	H Enter on	ly one couse per	line for (a), (b), and	d (c)	1 4			APPROXIA BETWEEN O	MATE INTER	VAL DEATH
	PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (6): CANCLIAC HIVEST DUE TO, OR AS A CONSEQUENCE OF											
											,	
		Conditions, if any,		(b)	Fluid	OU	erload - Tu	· lmonary i	Levis	12	hou	15
		gove rise to imn couse (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		underlying cause	lost.	(c								
	7	PART 2 OTHER SIGN	UFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN	PART 110	1	
	CERTIFICATION	T no	2 5 4	age 1	cener 1	2	15 lase					
)	FICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	INC	IF YES, WEI	RE FINDIN	GS USED OF DEAT) H?
	ERT	21g. ACCIDENT WAS UND	EBIVING F	21b. TIME O	E INTUINY		Tai How Bluey accus	YES NO NO	YES 🗌		NO []
CI		OR CONTRIBUTING			M. MONTH DA	YEAR	THE HOW INJURY OCCUR!	RED JENTER NATURE OF INJURY IN ITE	¿M 18, PART 1 C	OR PART 2)		
/	MEDICAL	1 IF EITHER, NOTIFY MEDICA		P.1		19	100 100 17101					
	MEC	WHILE TO NOT WE	HE C	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	CC	YTHUC	STA	ATE
		AT WORK AT WO	RK .			,	2 36	10-11-70				
		22a.1 certify that (1) sow the december	-	1 2-11		22	d that is /my/aux assisias	death occurred on the date an		(t	hat (I) (w	ve) last
		obove, (I) (we) (d	lid) (did no	ti view the bady	after death.			occurred on the date an				ted
		20. SIGNATURE	0	3	102	2110	DEGREE ATTENDING	MEDICAL STAFF L		224. DATE S	IGNED	-
		22d, PHYSICIAN'S NA	ME ITYM O	200	6000	uw	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	<u> </u>	7/2	0/8	<
		Edwar	200	1 1	Inques	MA	LIG UN	Enden Ano	B	1/4	0 1	00
-	22- 2	- CCCCCC	CC	In D	craus!		1170	Town Color	_ 00	X 1 /7	inci	L.
M		URIAL, CREMATION, I	KEMOVAL	APR 22	100		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	FOUN		STAT	
	24 FL	INERAL DIRECTOR	SOL I	APR.22	£ RDOS	WORK	MEN CIRCLE	BALTIMORE FREC'D. BY REGISTRAR 25b. RE			YLAN	ע
		BIALLE.		TINOUTI A TIL	d DLOD.	LIVLA	130. DATE	A B. HE CONTRACTOR IN	- CIOIMAN J	MALION	ALLE .	

21215

PR 23 1982

SOL LEVINSON & BROS., INC.

BALTO

MD

DHMH - 16 60M 7/73

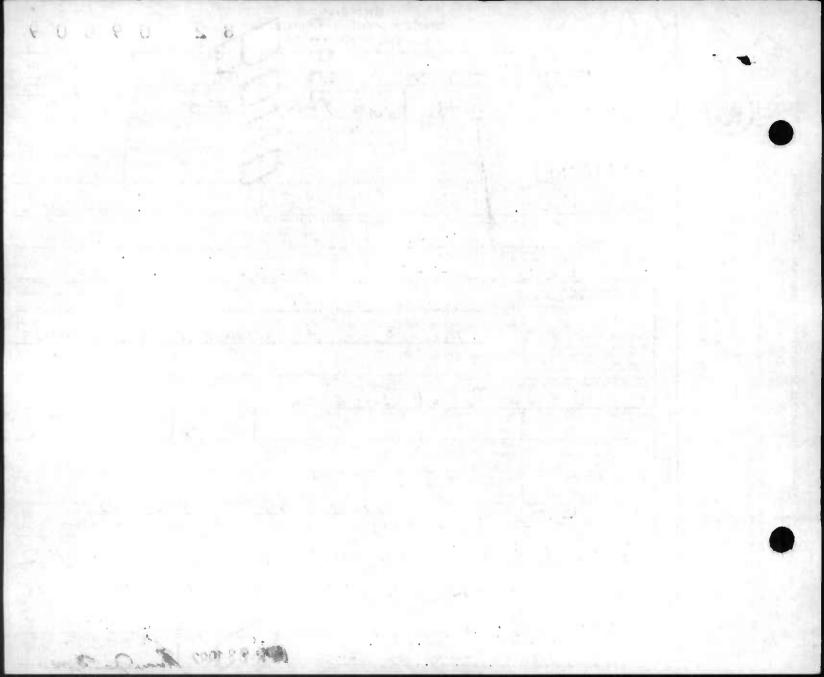
TO HOSPITAL

OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

(VR A 15 (4))

6010 REISTERSTOWN RD

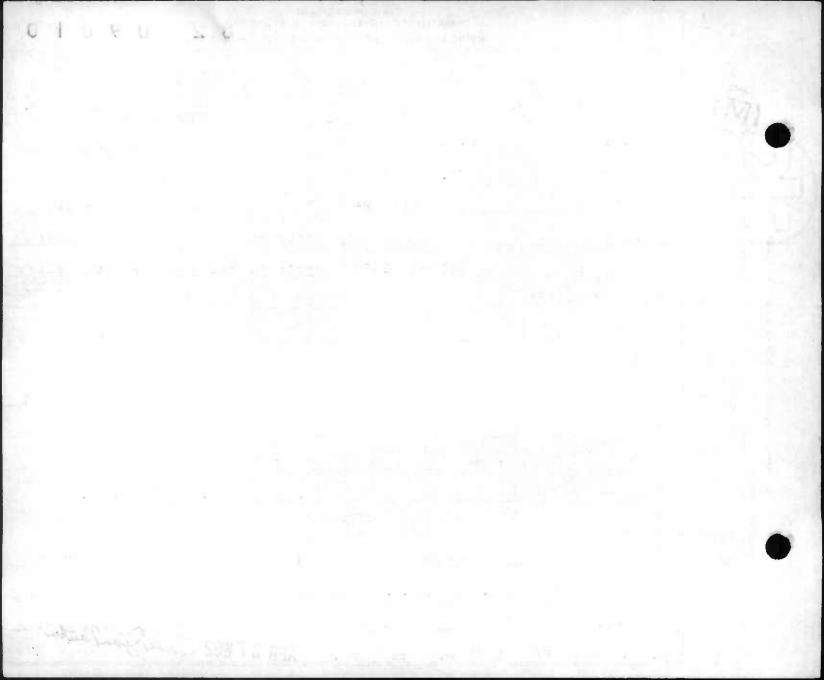


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

15M 2/80



rol director, page 3 72 hours after death

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 sh with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death

6	,	FOR	DEP/	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8 2	0.0	0 1 1
1	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	, REG. NO	0 9	0 1 1
		CEASED NAME FIRST	MIDDLE	Do	ASI - A	20 DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
		OUTI	U (U I E	5K	1)GES	6 AGE (IN YEARS LAST BIR	4-14-8	YEAR IF UNDER 24 HRS
	3. SE>	H	B	5. DATE C		71	YRS.	ATS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY) VA	76. CITIZEN OF WHAT COUNT USA	MARRIE	D NEVER MARRIED	Baltimo	_	H MD.
4	10 CI	TYORTOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES ON SECOU	IRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O	ON 126 KIN	ND OF BUSINESS OR
1	USUA	AL RESIDENCE (IF NURSING HO O	R OTHER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)				
5	130 5	MD BU	136 CITY OR Balt	imore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 123 Cyp.	ress Ct.	
	14 FA	THER'S NAME _FIRST	MIDDLE 1AST		15 MOTHER'S MAIDEN NAM		-43	LAST
C		John	Bridg		Lucille	1.44	Oliv	ver
2		VAS DECEASED EVER IN U.S. AI (IF YES, GI	IVE WAR OR DATES)	4-9480	Alberta Ti	ADDRE		C+
			- 23		Alberta II	Tiery 230		PROXIMATE INTERVAL
		PART I. DEATH WAS CAUSI	11177	(Kong Ici)	Pulmina	Me Emb	oli 4	SEE CHISES AND DEATH
		4039	DUE TO, OR AS A CONSI	EQUENCE OF	Reval	Lilia	70	1
		Conditions, if any, which gove rise to immediate couse (o), stating the	(b) DUE TO, OR ASIA CONSI	FOLIERICE OF	,	Harry		
		underlying couse last.	(c) 172m	holes	sum -			Village (S)
	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	MALDISPASE OF CONI	DITION GIVEN IN PAR	(T 1(o)
2	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
1	RTIF				Tax	YES NO	YES 🗌	NO 🗌
7	_	21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	1 2)
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION	citrogita	ww count	STATE
		AT WORK AT WORK	to a famous sta	3/2	3/80 ==	4/1	1 .82	
		sow the deceased alive or		0	nd that in (my) (our) opinion	deoth accurred on the do	ate and hour and from	that (I) (we) last the couses stated
		22b. SIGNATURE	at) view the body after death.	0 /	DECREE			ATE SIGNED
		XOU	X VW			MEDICAL STAF	IAN U	114/80
1		224 PHYSICIANS NAME (TYPE	ORPRINT)	01.1	22e. ADDRESS	. 01 .	74.0-	1 BALTI

23c. NAME OF CEMETERY OR CREMATORY

Holly Hill Cem.

DHMH-16 30M 2/80 (VRA 15, 4)

Wm. C. March F/H 1101 E. North Ave.

4/19/82

23b. DATE

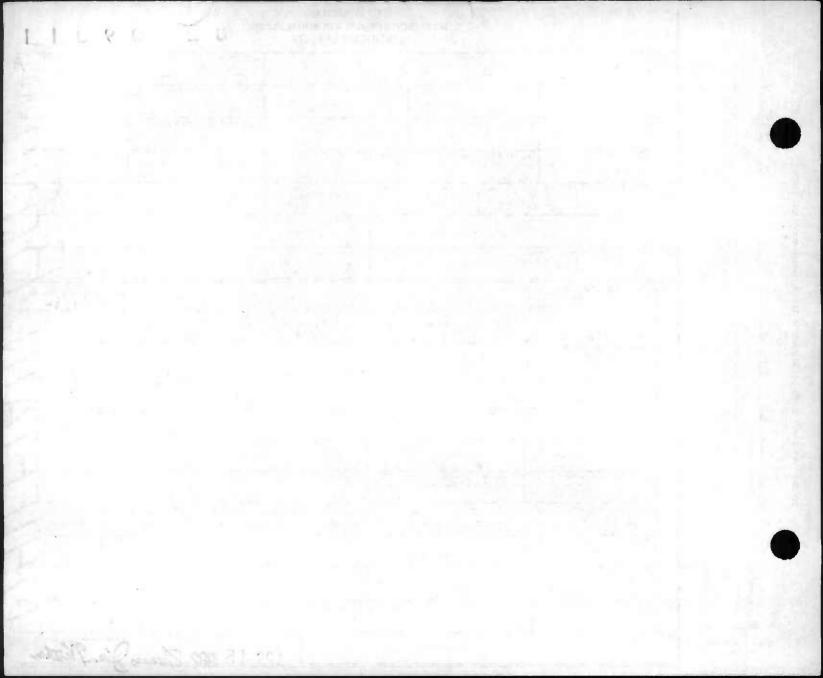
230. BURIAL, CREMATION, REMOVAL Burial

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SUGNATURE

COUNTO.

23d LOCATION BATTimore

MD



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

BP______ DHMH - 16 50M I (VRA 15, 4)

AL						STAT	E OF MARYLAND					
	1 - S	OR STATE SEGISTRAR				CERTII	HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8	2 REG. NO.	0 9	9 0	1 2
	1. DECE.	ASED NAME PRINT)	HAROLI)	LeROY BE		(AS)	20 DATE OF	DEATH MONTH	2	YEAR 81	26 HOUR 4:45A
	3 SEX		- 4	. RACE			OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 H
100		Male	-	Whi	te	Oct		65		rrs.	HS DAYS	HOURS
2		HPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	0	NEVER MARRIED		E CITY OR CO		DEATH	1
75		nnsylvai	nia	U.,	S.A.	WIDOW		BALTI	MORE CI	TTY		
23	BAI	OR TOWN OF DEA	V	ETERAN	S ADMINIS	TRATI	OR OTHER INSTITUTION	120 USUALO (TYPE OF WORK I	FOR MOST OF WORK		NDUSTRI	Press
35	Ma.	ryland	ng home or c 13b. COUNT		13c. CITY OR TOWN Baltimo	'N	13d INSIDE CITY LIMITS? YES X NO	13e STREET AI 3402	DDRESS Raven	wood	Ave	
i i	14 FATH	ER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		3 LAS	. 7
XX	_	Casper			Brisie		Mary		CI		Der	
dico		S DECEASED EVER	(IF YES GIVE	WAR OR DATEST	166 SOCIAL SECU		17 INFORMANT		ADDRESS	8		
9				II	166 12 1		Gladys R.	Brisie	el, 34	02 R		IWOOD
y injury, or other trace	P	dehi	lost	onditions c	ONTRIBUTING TO I	NCE OF VAS	piration (cular ac NOT RELATED TO THE TERM	cide			74 NPART I	lav:
no swoy	RTIFIC	DATE OF OPERA				OPERATIO	N WAS PERFORMED		NO X INC	YES [G CAUSES	OF DEATH?
Hem 18	- 0	a. ACCIDENT WAS UND R CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEATH		OF INJURY .M. MONTH D. .M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATU	URE OF INJURY IN ITE	M 18 PART 1	OR PART 2)	
arked ar	-	MILE NOT WHE	LE 🗍		OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
121 is mo	22	ol certify that (1) saw the decease abave, (1) (we) (d	(this hospito d alive on_ id) (did not)	APRIL	2 19		nd that in (my) (our) apinion	to APR		d hour one		that (1) (we) couses stated
ANT: # Hen		SIGNATURE OPHYSICIAN'S NA	t V	odo	izun	-1	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	4	276 DATE	SIGNED
IMPORTANT		TANE	T	TODO	Rezu	K	3900 Loch R			lto.	, Md.	21218
_	(SPE	Burial			,1982 Ba	ltim	emetery or crematory ore Nationa	1 Balt		0	UNITY	M. M. A.
/81	600	BERTOC. 09 Harfo	ALTE	NBURG	FUNERAL alto. M	HOM	21214 P	REC'D BY PO	82 RARE	STREET	- And	SRE

to			FOR STATE REGISTRAR	70, 8	3/24/82		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0	9	0	1	3
1	(00)	I DEC	OR PRINT)	- /	lary	MIDOLE		ASI Ratajczak - ocki	20 DATE OF DEATH	MONTH	5, 1°	YEAR 982	2b HO 1 15	
9 45	Carlo	3 SEX	FEMALE		CRACE WHITE	E	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	HDAY)	MONTHS	DAYS	IF UNDE	MIN
0	1 35	C	RTHPLACE ISTATE OR FOR DUNTRY) IARYLAND	IGN /	TE CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OF			ATH		MD
101 s offered	by the hiled will be the	10 CI	BALTIMORE	H	(IF NOT IN SUC	HOSPITAL, NURSIN EH FACILITY, GIVE STREET BLACKBUR	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER			KIND OF DUSTRY	BUSIN	IESS OR
4ND 212	filled in could be	13a. S	AL RESIDENCE (IF HURSIN TATE MD.	SHOME OR G	OTHER INSTITUTION TY	GIVE RESIDENCE BEFOR 130 CITY OR TOW BALTIMOR	N	13d. INSIDE CITY LIMITS? YESXX NO [13e STREET ADDRESS 6311 BLACE	KBURN	I CT.		1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours	ompletely ond 2 st	14 FA	JOSEPH	M	HDDLE	KUROWSK		15. MOTHER'S MAIDEN NAI FIRST MARY	MIDDLE		NAPA	ARSEI	K	
TIMORE,	S. Pages		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	216-10-0		MISS. LILLIA	N T. BROCKI			ACKBU		CT.
ST., BAL	g physicie on paper emaval. event, th		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	y one couse per BY. E CAUSE (0)		ardi	al infarc	410N		9	AFFROXIM METWEEN OF	HATE INTE	
RESTON deoth of	attendin love carb otian, ar i raumotic		Conditions, il ony, gove rise to imme		DUE TO, O	RAS A CONSEOU		y arte	rioscler	ocis				
O1 W. Pf	d by the leose rem ial, cremi		couse 10%, stoting underlying cause	the lost	((c)	r as a conseou								
ORDS, 2	t. Then plant of to burn y injury, o	NOIL	H	IPE	rter	SION		NOT RELATED TO THE TERM		1				
TAL REC	rate has be ransit permit Hygiene pri	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER		21b. TIME C		OPERATIO	N WAS PERFORMED	YES NO NO	IN CERT	IFYING C	FINDING CAUSES (ATH?
N OF VI	certification of plants of	MEDICAL CI	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEAT EXAMINER)	HOUR A.	M. MONTH D.	AY YEAR	216 HOW INJURY OCCUR	CED (ENTER NATURE OF INJUR	T IN ITEM 18	PART I OR	PART 2)		
DIVISION	or attending After this is as the bur ofth and M marked ar	MEC	WHILE NOT WHILE AT WORK		{AT HOME, STI	REET, FACTORY, OFFICE, I	ARM, ETC.)	STREET	CITY OR TOW	N	10 6			STATE
ATTEND	ECTOR. Ed for use of of Heo		220.1 certify that (1) (1 sow the deceased above, (1) (web) (did 22b. SIGNATURE	olive on_	April	4 19 5		id that in (my) (our) opinion of	, 10	te and ha	ur and fr		ouses s	
PITAL OR	ned by the F FUNERAL DIR Jid be detoch the State Der ORTANT: If the		R.O. 22d. PHYSICIAN'S NAM	Oct TYPE OR	DRINT)	dorf	M.]	ATTENDING PHYSICIAN	MEDICAL STAF			4-5		
TO HOS	TO FUNERAL should be de with the State	220 0	RDon BURIAL, CREMATION, RI	9/1	23b. DATE	andor	-	7403 +	1236 LOCATION	Ro	<u>L_</u>			
1100	BP	(BURIAL JNERAL DIRECTOR	MOTAL	APRIL	7,1982		TANISLAUS CEM	DUNDALK E REC'D. BY REGISTRAR	BAI		MD.		TATE
	I - 16 60M 1/75 R A 15 (4))		TCHELL-WIE	DEFEL	D HOME	6500 YOR	K RD.	INDD	8 1982	trans	1		250-	

81686 58 9

PHYSICIAN

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0 prior

the burial-transit and Mental Hygie

40 If Hem be detoched e Stote Dept.

physicia

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH (TYPE OR PRINT) **ANDREW** BRODOWSKI APPIL

6. AGE (IN YEARS LAST BIRTHDAY) 12, 82 IF LITERIA 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY MALE WHITE Feb. 1894 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Church Hospital Inc Shipvard Maintenance USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 715 S. Bond St. City 21231 YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS1 MIDDLE MIDDLE UNK. Catherine Michael Brodowski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO medico (YES, NO OR UNKNOWN) 219-22-8398 Albert Mierkiewicz 520 S. Bethel St. 21231 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and ic PART I. DEATH WAS CAUSED BY ACUTE CEREBRO VASCULAR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF troum Canditions, it any, which INTRACERERRAL BLEEDING gove rise to immediate other cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost à PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOLVIV YES [NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Hem 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED ā 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET STATE morked NOT WHILE 4-6 .40

27a.1 certify that N (this hospital) attended the deceased from 82, and that in (my), (our) opinian death accurred on the date and hour and from the causes stated the deceased alive an_ DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 100 n. & BROADWAY ST.

23a. BURIAL. Burial BP

MPORT

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DHMH - 16 50M 1/81 (VRA 15, 4)

DIRECTOR

FUNERAL

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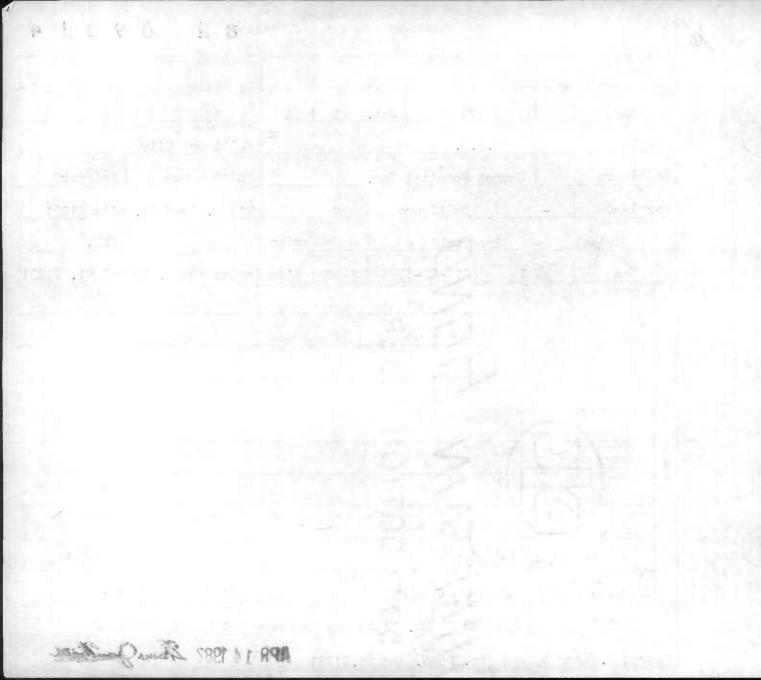
24 FUNERAL DIRECTOR

23b. DATE CREMATION, REMOVAL 2/16/82 23c. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cemetery Baltimore, Maryland

STATE

George A. Weber & Sons Inc. 705 S. Ann St. 21231



STATE OF MARYLAND										
DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
CERTIFICATE OF DEATH										

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	1.	- STATE REGISTRAR		DEPARIM		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8	REG. NO.	0 ,	0	
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	3. SE		4 RACE		S. DATE O	OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY	PENDER		PHDER 24
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1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	ED NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DEA	TH	
12		OHIO	U.	S.A.	WIDOW		BALT	IMORE CI	TY		
3	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKIE		IND OF BU	JSINES
TU	P	BALTIMORE	JOHN	/ / / / / / / /	ATO	N Med Cept		EMAKER	10 (112)		-
5	13a.	AL RESIDENCE (IF NURSING HOME) STATE 1138 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET A	ADDRESS			
127	MA		TIMORE	CATONSVI		YES NO K		REDCLIFF	E ROAL	, 21:	228
	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE	. 5	LAST	
1350	2	HERBERT	G.	TAYLOR	2	MAY		R.	F	CICHAI	RDS
dico		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
弘		NO		217-07-1	1734	BLANCHE M.	LANNAK	1214 RE	EDCLIFF	E ROA	AD
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INC.

4107 WILKENS

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DHMH-16 30M 2/80 (VRA 15, 4)

HUBBARD FUNERAL HOME

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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO BROOKS DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR CAROL 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR EMALE HITE ₹a BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRYT HOME HOUSEWIFE ulto OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 41 HEALD RD. #08203 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME JOSEPHALDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES NO NO KNOWN) (IF YES, GIVE WAR OR DATES) 166 GOCIAL SECURITY NO KENNETH BROOKS 41 HEALD RD. 17 INFORMANT 214-60-6600 XXXXXXXX BRIGANTINE 08203 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the AS A CONSEQUENCE OF lost. underlying couse TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED TIE PLACE OF IN JURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from above, (1) well did (did not view the body after death. ond that in (pay) our) opinion death occurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAL 22e ADDRESS

236 BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL APR. 18, 1982 CHEVRA AHAVAS CHESED RANDALLSTOWN COUBALTO. SIMD

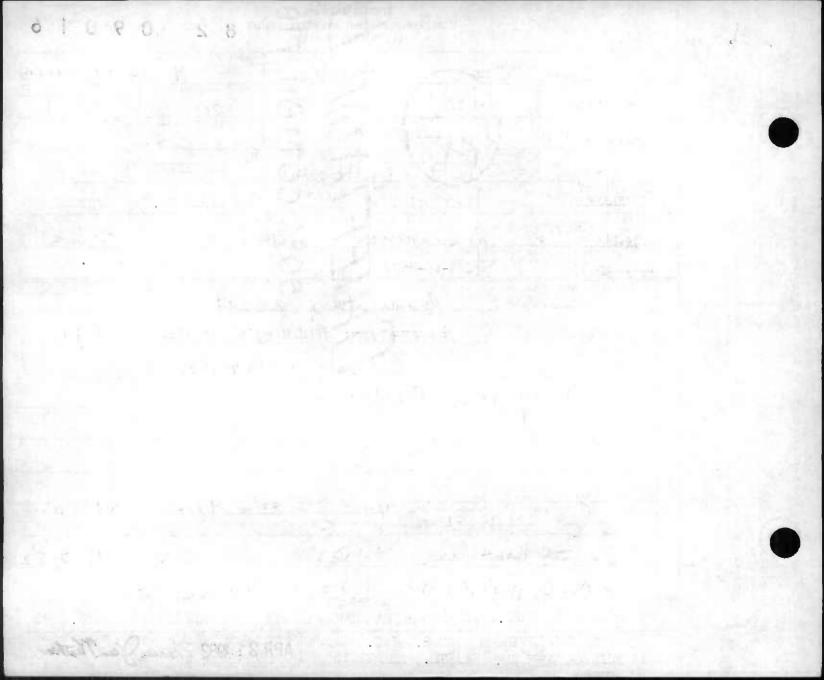
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215

ATTENDING MEDICAL STAFF (17, 20, 21)

ATTENDING MEDICAL STAFF (17, 21)

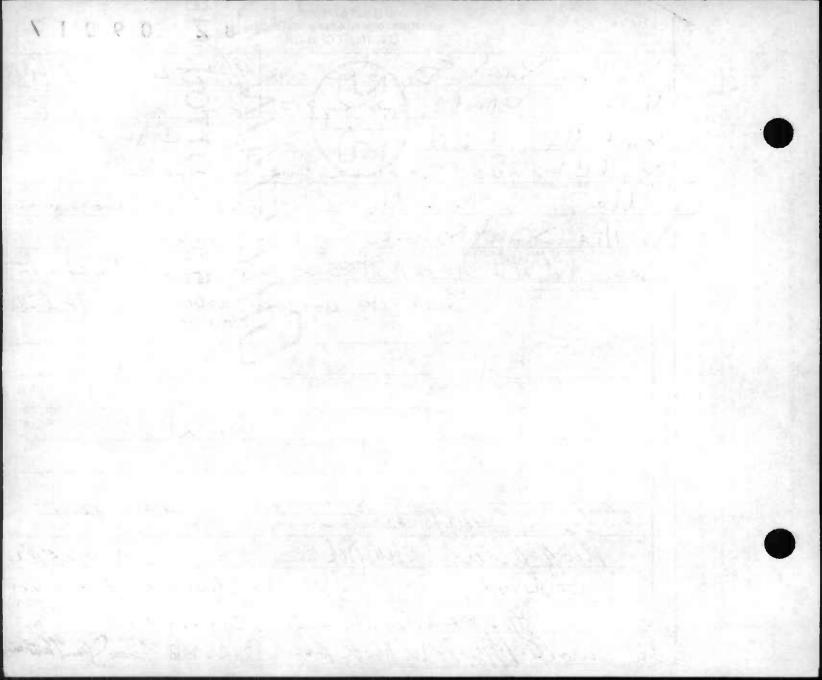
APROJUCIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICI



DHMH - 16 50M 1/B1 (VRA 15, 4)

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ottendir nove cark otion, or troumotic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	E OF D	Letastina		
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The low cron. The low be be sait permit grene principle.	CERTIFICAT	190 DATE OF OPERATION	196, CONDITION FOR WHICH OPE		YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	NO [
Sician of physical prioritical	MEDICAL CE	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	19	D (ENTERNATURE OF INJUR	RY IN ITEM 18 PART I ORPAI	RT 2)
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by the here a control of the here between the control of the contr		226 SIGNATURY	luce 1	ATTENDING PHYSICIAN 1	MEDICAL STAP	F _ /	4/13/87
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0	1	URIAL CREMATION REMOVAL 2	The kon NAM	E OF CEMETERY OR CREMATORY	23d LOCATION (11 COUNTY	K I SÍVE

STATE OF MARYLAND



1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER I YEAR

126 KIND OF BUSINESS OR

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA

22c DATE SIGNED

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W, MESTON ST. FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

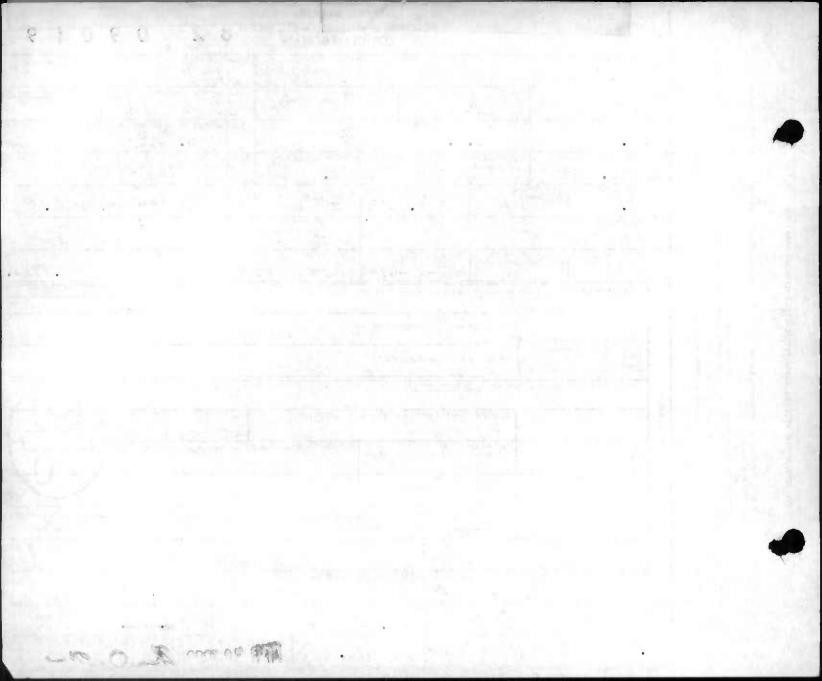
Wm. C. March F/H, Inc.

1090 50 20.4

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	retained by the hospital or offending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3	should be defected for use as the burial-transit permit. Then please remove carbonpapers, rages I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be routied dit ante.	7
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAN	of or other this certificate has been signed by the ottending physician and completely is	Use as the burial-transit permit. Then please remove carbonappers. Pages I and 2 shr Health and Mental Hygiene prior to burial, cremation, or removal. Is marked or Item 18 shows any injury, or other traumotic event, the medical examinen	7

-1						OF MARYLAND				
	1-	FOR STATE		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	0 9 0	19	
) DE	REGISTRAR CEASED NAME FIRST		WIDDLE		AST	REG. NO.	DAY YEAR		
	(TYPE	Daniel Brown		MIDDEE		431	4/28/82	DAY YEAR	26 HOUR	
	3. SE		4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS	
		Male	Negr	0	момтн	12 27	55	MONTHS DAYS	S HOURS MIN	
5	7a. 81	RTHPLACE ISTATE OR FOREIGN		S.	MARRIE!	DINEVER MARRIED DINORCED	Balto. Vi		MD	
C		alto. City	11. NAME OF I	H FACILITY GIVE STREET	ADDRESS)	St.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR	
1	USU/ 13a S	AL RESIDENCE (IF NUR TO SOLUTION OF THE SOLUTI	OTHER INSTITUTION	GIVE RESIDENCE BEFORE BALTO.	City	136. INSIDE CITY LIMITS?	130 SIREET ADDRESS 1803 L Opla:	r Grove	St.	
5		THER'S NAME Daniel Brown	AIDDLE	LAST		Bertha Bro	AND DIE	* t	AST	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS			
	,,	no	WAN ON DATES!	220-12-	-4744	nerman Bro	own 1003 Lop:	lar Gro	ve. Bro	
	ion	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE DIVINIBUTING TO C	NCE OF	by persens which Alco	vion - violism -	V GIVEN IN PART 1	lias	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. I	IF YES, WERE FIND ERTIFYING CAUSE YES []	INGS USED ES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING: CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONIH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INTURY IN 116)	M 18, PART T OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ({AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body of the death. DEGREE 1210. Lertify that (1) (this hospital) of the deceased from 19								
		22d. PHYSICIAN'S NAME (TYPE OF	PRINTI	hutte		ATTENDING PHYSICIAN TO 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 41	29/82	
	22.	C. (SAKU	BA	14445 ===	60	Pivenill	e Mad	21208	
	(5	DUTIAL CREMATION, REMOVAL	5/1/8			METERY OR CREMATORY ion Cemeter	0		STATE	
	C	NAME ainwright	2100	Edm un ds	on Av	7e. 25 OAT	REC'D. BY REGISTRAR 25h RE	GISTRAR'S SIGNA	TURE TURE	

DHMH-16 60M 1/73 (VR A 15 (4))



DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	0	9	0	2	
CERTIFICATE OF DEATH		REG NO					

LDEC					REG. I	VO.		
	EASED NAME FIRST	WIDDLE	į	A5T	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(Frances	A	Brow	√n	Ar	ril 29.	1982	6:45 8
3. SEX	m	1 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HE
	1	D	MONTH 4	3 YEAR	72	YRS	DATS DATS	HOURS M
	THPLACE ESTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1	VA.	USA	WIDOWE			re City	v	
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	HON	12h KIND C	OF BUSINESS
1	Baltimore	Maryland Gene		ospital	Pomest	OF WORKING LIFE)	INDUSTRY	
USUAL 13a ST	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		TALL DISIDE CITY LIVINGS				
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LL FAT	HER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN	AME		19	
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(16:	NO	214-58-	6373	Kay mond 1	1. Williams	BIAG	Ksto	WE. V
T	18 CAUSE OF DEATH (Enter and	y one cause per line far (a), (b), and	d (c				APPROX	MATE INTERVAL ONSET AND DEA
	PART I. DEATH WAS CAUSED	BY. Metastat	ic Car	rcinoma of L	iver			ear
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	Conditions, if ony, which	(Carcinom	a of (Colon			1 65	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying cause last.	CONSEGUE	INCE OF					
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	IDITION GIVEN	V IN PART 1	0
CERTIFICATION	High Blood							
CAT	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, V	WERE FINDIN	VGS USED
E	March 30, 1982	Adenocarcinom	a Righ	nt Colon	YES NOT	YES		OF DEATH?
W 7	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			JRRED (ENTER NATURE OF INJ	PRY IN ITEM TO PART	T 1 OR PART 2)	
-4	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. MONTH DA						
5	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
EDICA		21e PLACE OF INJURY		211 LOCATION	CITY OP T	OWN	COUNTY	£1.475
¥.	(IF EITHER NOTIFY MEDICAL EXAMINER)			211 LOCATION STREET	CITY OR TI	NWC	COUNTY	STATE
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that XI (this haspite	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET 19.82	to April 2	9 19	82	that X: (we)
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that XI (this haspite	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET 19.82		9 19	82	that X: (we)
2	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F al) attended the deceosed from	March 82, an	STREET 17, 19.82 d that in (Ny) (aur) opinio	to April 2	9, 19 late and haur a	82	that X: (we) causes stated
2	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHITE NOTIFY HE STANDER 22a. L certify that XI (this haspite saw the deceosed alive proposed with the control of the control	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F al) attended the deceosed from	March 82, an	STREET 1 / 19 82 d that in (Xy) (aur) opinion	to April 2	9 19 late and haur a	82 and from the	that XII (we) I causes stated
2	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I Certify that (I) (this hospit saw the deceased alive problem) above. (I) (we) (did) (did) (did)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F al) attended the deceosed from	March 82, and	d that in (X) (aur) opinio	n death occurred an the c	9 19 late and haur a	82 and from the	that XII (we) I causes stated
2	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOTIFY HE 27d. I certify that XI: (this hospit saw the deceosed alive probove, XI) (we) (did) (did) (XXX 22d. PHYSICIAN'S NAME (TYPE OR	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F al) attended the deceosed from	March 82, and	d that in (Ny) (aur) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	n death occurred an the c	9 19 late and haur a	82 and from the	that X: (we) i causes stated
2 2 2 2 3 8 BU	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMIE NOTIFY MEDICAL EXAMINER 22d. I certify that XI: (this haspite saw the deceosed alive probove XI) (we) (did) (did XX 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR ROM MC)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F and) attended the deceosed from	March 82, and	d that in (Ny) (aur) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	n death occurred an the company of t	9 19 late and haur a	82 and from the	that XII (we) causes stated
2 2 2 2 2 3 8 B U	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE 2 22a.1 certify that XI (this haspite saw the deceosed alive proposed.) (we) (did) (did) (22b. SIGN TURE 22d. PHYSICIAN'S NAME (TYPE OR RON MC)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F and) attended the deceosed from	March 82, and	of the time () 19 82 d that in () () (aur) opinion () () () () () () () () () (MEDICAL STADIRECTOR PHYSI	9 19 late and hour a	ind from the 22c. DATE	that X: (we) causes stated

HARRIS F/5 4520 PEN LUCY Rd

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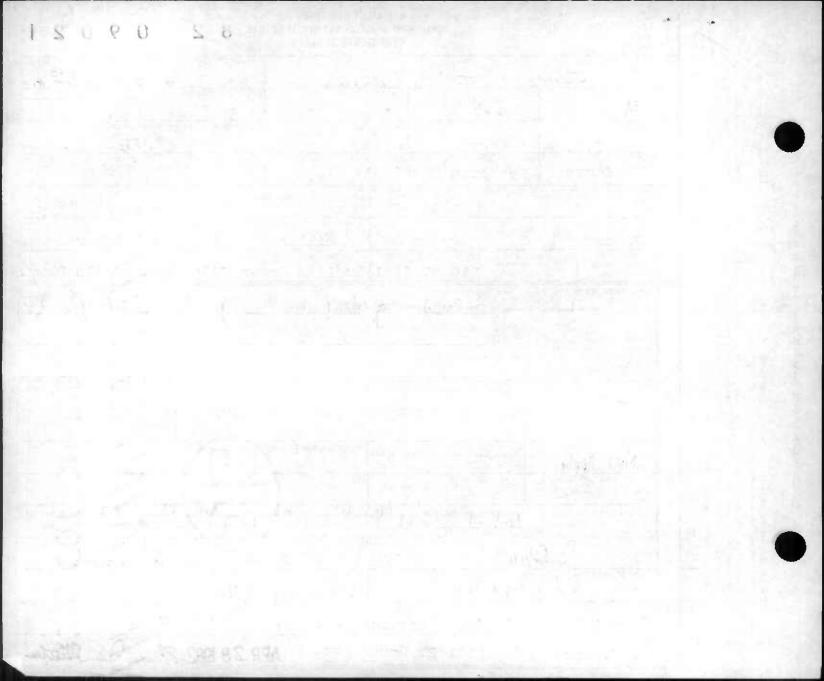
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OHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the farmers should be detached for use as the buriol-transit permit. Then please remove corbanapapers. Pages Yand 2 should be filled within 17 is with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

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	A					SIA	IE UF MARTLA	ND					
HO	1.	FOR - STATE REGISTRAR			DEP		HEALTH AND M		ENE 8 2	NO.) 9 (0 2	
-		CEASED NAME	FIRST		MIDDLE		TAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOL	
	1	E OR PRINT)	AMES		T.	P	ROWN			4-	27-82	528	B 42 11
1	3. SE			RACE	,,		OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER I YEAR	R IF UNDE	R 24 HRS
		M		Bloc	1/	MON		YEAR	60		MONTHS DATS	S HOURS	MIN
in	7n B	IRTHPLACE (STATE OR FO	OFICAL 7h		WHAT COUN		19	14	68 9 BALTIMORE CITY	YRS.	VOEDFATH		
9/1		COUNTRY)				MARRI	ED 🖾 NEVER M		9 BALTIMORE CITY	OK COOM!	OFDEATH		
61	10.0	S.C.			ISA	WIDOW		ORCED [C',	14.		MD
J' Fe	1	Baltimore				STREET ADDRESS!	OR OTHER INSTI	TUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSIN	ESS OR
2 /	1					_							
275	130.	AL RESIDENCE (IF NURSING STATE 1)	GHOME OR OTH 3b COUNTY	ER INSTITUTION	GIVE RESIDENCE	TOWN	134 INSIDE CIT	Y LIMITS?	13e STREET ADDRES	5			
100					ватт	Imore		NO 🗆		Swynn	sfalls	s Pkv	wy.
100	14. F/	ATHER'S NAME EIRST	MIDE	DLE	LAS	ĭ	15. MOTHER'S	IRST.	MIDDLE		1,	AST	
8(//)		James		T.	Bro	wn	Li.	llian			lliste	er	
dico		WAS DECEASED EVER IN	U.S. ARMEL		166 SOCIAL	SECURITY NO.	17 INFORMAN	IT.	ADD	RESS	-		
В		No	(10.10)	5 5(50)	216-0	7-5881	Lucil	le Bro	own 3130	Gwyn:	nsfal	ls P	kwy.
th.		18 CAUSE OF DEATH	(Enter only o	ne couse per	line for (o), (l	bl, and ich					APPRO BETWEEN	DXIMATE INTE	RVAI D DEATH
veni		PART I. DEATH WA	S CAUSED B'		Carci	Chome D	colon					months	
o tice		1539	P			SEQUENCE OF)						
C m		Conditions, if any,	which ((b)	R AS A COINS	SECOUEINCE OF							
r fro		gove rise to imme	diote	1-7									
athe		underlying couse	lost.		R AS A CONS	SEQUENCE OF					700		
ō.		PART 2 OTHER SIGNII	FICANT CON	(c)	NTPIRITING	S TO DEATH BU	T NOT PELATED 1	O THE TERM	NAL DISEASE OF CO	NOITION CA	VENI IN DADT 1	1/	
(value)	Z		ica ii coi	·DITIO143 <u>CC</u>	51411(186)11140	D TO BEATH BO	NOT KELATED	O THE TERMI	INAL DISEASE OR CO	NOITION GI	VEN IN PART I	110	
ony in	CERTIFICATION	19a DATE OF OPERATION	ON	19h COND	ITION FOR W	HICH OPERATION	ON WAS PERFOR	MED	200 AUTOPSY?	20h IF YE	S, WERE FIND	INGS LISE	D
\$ 4	표									IN CERTI	FYING CAUSE	S OF DEA	TH?
of _	=	710 ACCIDENT WAS UNDER	RLYING [7]	23b. TIME C	F IN JURY		71c HOW IN I	IPY OCCUPPI	YES NO		ES CONTRACTOR	NO [
E /		OR CON RIBUTING TO CA	SE OF DEATH	HOUR A.	M. MONTH	DAY YEAR		on occoun	LEWISK WATONS OF IN	JON 1 HA HEM TO	PART (OR PART 2)		
Fe	MEDICAL	21d INJURY OCCURRE		P. PLACE		19	211. LOCATION						
o po	ME	WHILE NOT WHILE				FFICE FARM ETC)	STREET		CITY OR	OWN	COUNTY		STATE
morked or Item 18 sho		AT WORK AT WORK				100	1 70	27.11	A Sun 1	11	6.0		
. 107		22a I certify that (I) (t sow the deceased			e deceosed f	0.0		19 6 4		de l		, that (I) (
m 21		obove, (I) (we) (dia) (did not) vi		ofter deoth.	17		our) opinion d	eath occurred an the	dote and hou			
±		22b. SIGNATURE	01	. ,		A.,	DEGREE	TENDING	MEDICAL ST	AFF \/	22t. DAT	E SIGNED	
5	1		M. AN	Wh		M		YSICIAN	DIRECTOR PHYS		14/2	7/22	
TATA		22d. PHYSICIAN'S NAM	AE (YPE OR PRI	NT)			22e ADDRESS	. 1				1	
MPORTANT. If Item 21			J.	Ushida	M.D		Luthern	m Hona	of Md.				
3		BURIAL, CREMATION, RE	MOVAL 2	3b. DATE		23c. NAME OF	EMETERY OR C	REMATORY	238 LOCATION			3.6	
		Burial		4/30/	/82-	Arbuti	is Mem.	Pk.	Balti	more	COUNTY	I _N	ID:
/81	24 FL	UNERAL DIRECTOR						25e DATE	REC'D BY REGISTRA	R 25b. REGIST	TRARIS SIGNA	TURE	
		Wm. C. Ma	rch F	/H :	101	Es. Nor	th Ave.	AF	PR 28 1982	Trun	(6) La.	Mei	Then
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should be detached for use as the burial-transit permit, Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and

death certificate be executed within 24 hours often

1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	0 9 0 2		
T DECRASED NAME FIRST	MIDDLE	BROWN	20 DATE OF DEATH MON	1982 A		
EMALE	4 RACE BLACK	S. DATE OF BIRTH MONTH DAY YEAR OL OL 44	6 AGE (IN YEARS LAST BIRTHDA			
Balto., Md.	76 CITIZEN OF WHAT COUNTRY	SARIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO			
Balto.	University H	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE] 126 KIND OF BUSIN		
Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13t. CITY OR TO Balto.	AES NO T	13e STREET ADDRESS 8 12 W. Lex	ington St.		
Charles	Ringgoid		MIDDLE	RInggoid		
16a WAS DECEASED EVER IN U.S. / {YES NO OR UNKNOWN} (IF YES, I	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 2 1 2 40		address	Druid Hill A		
	Due to, or as a conseor	uence of <u>Death</u> but not related to the ter	MINAL DISEASE OR CONDITION	ON GIVEN IN PART I (a		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	h operation was performed	_/ _ IN	b. IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA YES TO NO I		
OR CONTRIBUTION CAUSE OF I		DAY YEAR				
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM. ETC.)	CITY OR TOWN	COUNTY		
220.1 certify that (1) (this has sow the deceased alive about 11) we) (did) (did)	nat) view the body pier death.	and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to 4 22 on death occurred on the date of	22c DAT SIGNED 4 22		
22d PHYSICIAN'S NAME ITYP	M. PATEL IN	ND PROPERSION ON VERSION		LAND HOSPI BALTIMORE		
23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

OR ATTENDING PHYSICIAN The low

retained by the hospital or attending physicial

24 FUNERAL DIRECTOR LEROY DYETT

LIBERTY HGTS. 4600

M. BALTO MD.

256 DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE

APR 23 1987

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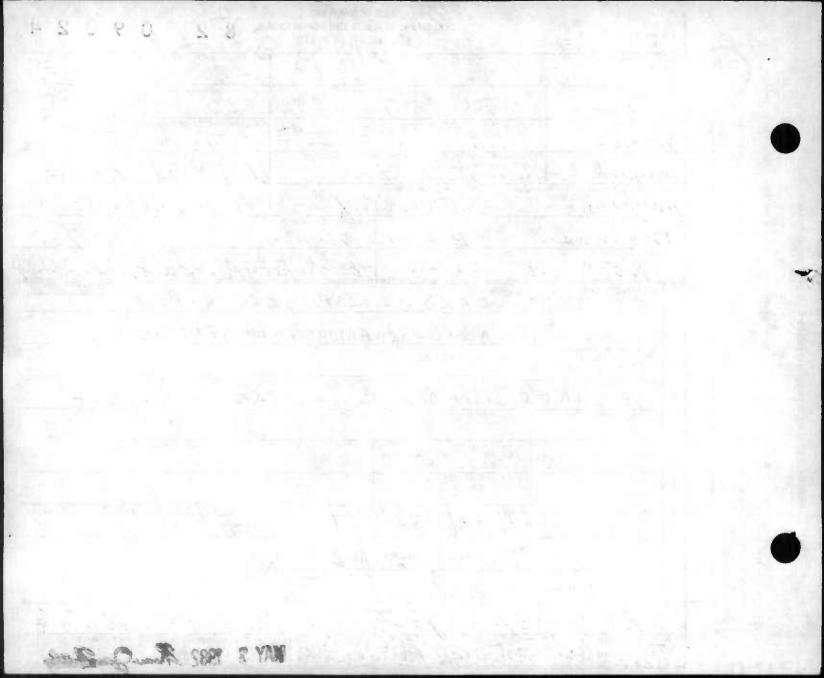
THE STATE OF THE S

1	1. DE	STATE REGISTRAR CEASED NAME FIRST OR PRINT)	WIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
15	(ITTPE	Overto	n	Drouge	4 30 82 6:30
13	3. SE	Male	4 RACE Black	5. DATE OF BIRTH 5. 22° 1908	73
70 BIRTHPLACE (STATE OF FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
22		Virginia TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	Baltimore City
39		Balto.	Provident Hos	NG HOME OR OTHER INSTITUTION ADDRESS) Pital	120. USUAL OCCUPATION 120. KIND OF BUSINESS INDUSTRY Retired
35	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		PADMISSION) 13d INSIDE CITY LIMITS? YES NO	2495 Druid Hill Ave
00	14 FA	THER'S NAME	MIDDLE ? LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE ? LAST
1		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS
E /		No	212 18 0	716 Ruth Sewell	2495 Druid Hill Ave.
, or other fre		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI		WINAL DISEASE OR CONDITION GIVEN IN PART 110
injury	NO	PART 2 OTHER SIGNIFICANT	Pobable	Sep hours	MINAL DISEASE OR CONDITION GIVEN IN PART 110
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
18 may 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN COUNTY STAT
n 21 is mo		sow the deceased olive a	pital) attended the deceased from 19 not) view the body after death.	5 2, and that (iny) (our) opinion	to 198 that (I) (we death occurred on the date and hour and from the causes state
- H		22b. CIGHATURE	Fraser	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN
MPORTANT		228. PHYSICIAN'S NAME (TYPE	ItEN SON A	D. Provident	Hogite
5	23a. B	URIAL, CREMATION, REMOVA	The second secon	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STAT
-	24 FL	Burial INERAL DIRECTOR	5-5-82 Mi	Auburn Cem	Baltimore Maryland JE, REC'D. BY REGISTRAR 25%. REGISTRAR'S SIGNATURE
/81			on F. H. 1913 W.		MAY 5 1982 Zara Va 74-7

STATE OF MARYLAND

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1	1-	FOR STATE REGISTRAR PARTY	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 90 9 0 2 4
	I. DEC	TEASED NAME FIRST PUTT	MIDDLE	BROWN	4-30-82 PARE OF DEATH MONTH DAY YEAR 26 HOURS
DC4.	3 SE)	Female	BIACK	5. DATE OF BIRTH MONTH DAY YEAR 23 - 22	AGE IN YEARS LAST BIRTHDAY] F UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN.
23	400	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NORCED DINORCED	Baltimore City OR COUNTY OF DEATH Baltimore City M
20	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HENDT, IN SUCH FACILITY, GIVE STREET	ADDRESS)	THE USUAL OCCUPATION LYPEOF WORK FOR MOST OF WORKEN AND THE WIND OF BUSINESS O
35	USU/ 13a S	L RESIDENCE HENURSING HOME OF TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	N JULE INSIDE CITY LIMITS?	114 STREET ADDRESS Roke by Road
20	TA FA	THEMS NAME FIRST LOMAS	MODIE BLAST	15. MOTHER MAIDEN NA	ME MODEL WELLS
7		AS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? 146 SOCIAL SECULAR OR DATES 225-5	11 HEORMANT ROLL	by Rl Balto M. 2/20
	NOI	SEIZURO	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM PORT OF THE TERM PORT	MINAL DISEASE OR CONDITION GIVEN IN PART 110. SEVERE SLAUCOMA
9	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	206 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
9		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	LICIA A M. MONITH D		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
1	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
		sow the deceased alive on	tal) ottended the decegsed from	DEGREE ATTENDING	death occurred on the date and hour and from the causes stated MEDICAL STAFF
I		THE PHYSICIAN'S NAME TIVE OF	O K. BANG	PHYSICIAN DATES ADDRESS	HAVEN WOOD ROAD
N.		URIAL, CREMATION, REMOVAL	13. SATE 5/82 134	Manue Menco	in Empora Virginia
5M c	2	To newall sil	wart fr. 981-	hillion and	IAY 8 1982 Augustran 256 HEGISTRAN'S SIGNATURE



1 1	1	OR			EDADT			ARYLAND	ITAL HYGIE	NIE a					gue
יך		TATE						-	ATE OF DE	23	REG.	0 9	1	1 4	2
	DEC	EASED NAME	FIRST		WIDDLE			LAST		20. DATE N	NOWN		TH DA	Y YEAR	25 HOUR
1	TYPE	OR PRINT)	Thoma	as	R.		Br	own		OF DEATH	£211-	<u> 4</u>	19	1982	
3. 5	SEX	4. RA		5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	IDER 1 YR. IF	UNDER 24 HRS		_	MONT			1 : 52
	Ма	le BI	ack	2 21	51	31 YR	S. MONTH	IS DAYS H	IOURS MIN	PRONOUN	CED	4	19	1982	1:52
10	BIR	THPLACE (STATE OR		76. CITIZEN OF WHA		ITRY?	8. MARRI	ED NEVE	R MARRIED	9 BALTIMO	ORE CITY	OR COU	NTY OF		
		MI		US			WIDOW	ED 🗆	DIVORCED [Bal		re Ci			MD
		y or town of de Baltimore)	11 NAME OF HOSP (IF NOT IN SUCH FACE	iftv	iew Ave	enue	er institutio	N 12a U	SUAL OCCUP. OR MOST OF WORK	ATION (1	TYPE OF WOR	K 126 K	CIND OF BU OR INDUST	ISINESS RY
130	ST.	RESIDENCE (FINN	13b. COUNT	R OTHER INSTITUTION, GIVE TY	Ball	ORIOWN CIMOR	e e	13d. INSIDE CITY I	LIMITS? 13e SI	23 E.	S No	rth	Ave	nue	
)	FA1	Julius		WIDDIE	Bro	last WN		15. MOTHER'S FIRST Ann	ie	AE ,MIC	DOLE		Fre	derio	ck
160	YES	AS DECEASED EVE , NO OR UNKNOWN) NO	(IF YES, GIVE W	AED FORCES? WAR OR DATES)	16b. SOC	N/A	NO.	17 INFORMAI Annie	Brown	1623	E.	55			
A B		965 Conditions, if	VAS CAUSED IMMEDIATI any, which immediate g the under-	y one cause per line for BY: E CAUSE (o) MU DUE TO, OR A (b) DUE TO, OR A	ltip SACON	le Guns)F	Wounds	(На	ndgun)	,		86	APPROXIMATI	INTERVAL TAND DEATH
CEPTIFICATION	KIMPONION	190. DATE OF OPER	ATION		ON FOR V		ATION W	AS PERFORME	D?				1621	AUTOPSY?	NO []
MEDICAL CE		210 EXTERNAL CAL UNDERLYING A CONTRIBUTING THE AT WORK AT WORK	OR CAUSE OF D	216. TIME OF I HOUR &M. I : 30 P.M. 210 PLACE OF STREET, FACTOR	MONTH 4 INJURY	(AT HOME,	sub 21f LOG	ject W	as shot	CITY OR YOW	N		COUNTY	vl and	STATE
			I took charge	af the remains descr	sccident	, Suid	ide	y XX. In Homicide TITLE (SPEC	ospection , Under	Inquiry (etermined man DICAL EXAMIL enn Str	nner	ond in my], DAT SIGI	opinian		
	(SPE	Burial		DATE /24/82		altime	ETERY OF	Cem.	В	OCATION YORTOWN altime		_	YTAUC	st.	ATE)
		NERAL DIRECTOR 1. C. Ma	rch F	'/н 1 1101	Ε.	Nort:	h Av	e. 25a.	APR 2	1 1982		GISTRAR'S	SIGNA	Meith	Au

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	FOR STATE REGISTRAR	DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 8 2 REG. NO.	0 9 0 2 6
1	1. DECEASED NAME FIRST	m B	UNAUgh	20. DATE OF DEATH MONTH	30 82 10:00 M
Ì	Female	Mace Date of Month			MONTHS DAYS HOURS MIN.
1	Maryland	U.S.A. WIDOWE		9. BALTIMORE CITY OR CON	City MD.
No.	BAltimore &	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY	Haspity 1	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST CIPE)	12b. XIND OF BUSINESS OR INDUSTRY
3	130 STATE 135 COUNTY Maryland Baltime	RER INSTITUTION, GIVE RESIDENCE SEF ORE ADMISSION) 13. CHARRY LLE PERVELLEX	13d INSIDE CAY LIMITS? YES NO THER'S MAIDEN NA	13e. 7709 Fredker	rt Ave
	ohn 160, WAS DECEASED EVER IN U.S. ARME	. Cooper	FDUA 17 INFORMANT	STATEL	ER LAST
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA		Mr Melvin D	7 Ronnell	Eileen Ct idge, Va
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Y: Molo alolia	breast	Carcinon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF -	to spine	1 thoracic	
	couse (o), stating the underlying cause lost	DHEJO, OR AS A CONSEQUENCE OF	lumbas	cervical)
		NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT			
	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATIO		YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR FOWN	COUNTY STATE
	22a.1 certify that (I) (this haspital) saw the deceased alive on	00011 200 00	nd that in (my) (our) apinion	deoth occurred on the date and	d hour and from the couses stated

DEGREE

22e ADDRESS

23c NAME OF CEMETERY OF CREMATORY
Pine Grove

ond campletely filled in by loges 1 and 2 should be tilled on popers. Poges 1 medicol TONERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remaye carbon papers. P with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. other troumotic is morked or Item 18 hospital or If Hem 2 IMPORTANT:

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

23b. DATE 5/4/82

saw the deceased alive on Aria So obove, (1) (we) (did) (did not) view the body ofter death

226 SIGNATURE

Burial

23a BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT

23d LOCATION Parkton Balto" Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REC.

22c. DATE SIGNED

(aua) opinion deoth occurred an the date and hour and from the couses stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

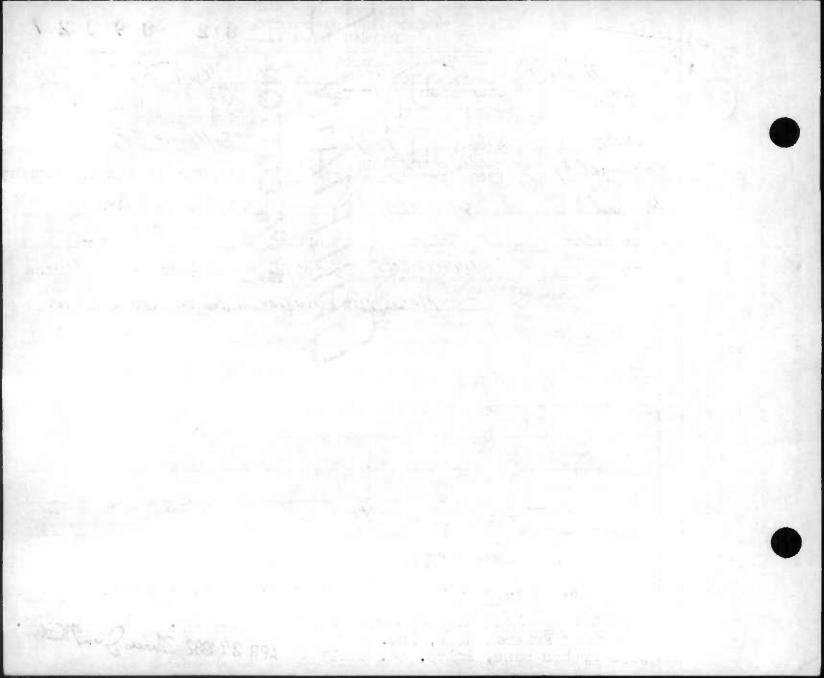


	1.	FOR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 0	9027			
X		CEASED NAME Margar	et MIDDLE V.	Brusca Brusca	REG. NO. 20 DATE OF DEATH 1000 26	6,1982 7:05AM			
1)	3 SE	* female female	RACE Caucasian S	DATE PERSON 1908 July 8 1908	6. AGE (INTERSTAST BIRTHDAY) 73 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN			
		Italy	Italy v	MARRIED NEVER MARRIED NVIDOWED DIVORCED	Baltimore city or county Baltimore	OF DEATH MD.			
3	7	201111111111111111111111111111111111111	11. NAME OF HOSPITAL NURSING (IF NOT INCOODY) SOMEON	Tan Hospital.	(17PE OF WORK FOR MOST OF WORKING LIF Seamstress	rib kind of Business or Industry Bugle Laund			
	13a 3	AL RESIDENCE (IF NURSING AOMEOR) STATE 136 COUN		YES NO [3319 Rueckert	the.			
Dexa Ol		ATHER NAME FIRST Dominick WAS DECEASED EVER IN U.S. ARA	Volpe MED FORCES? 166 SOCIAL SECURIT	/ 15. MOTHER'S MAIDEN NAI FIRST Annuci Y NO. 17. INFORMANT	MIDDLE	LAST			
e medic			war or Dates) 044-22-8	Dominick		same address			
njury, or other troumotic ev	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEA	CE OF	INAL DISEASE OR CONDITION GIV				
2 days any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
fem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT LIFEITHER NOTIFY MEDICAL EXAMINER)		YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)			
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
T: If Item 21 is mo		270 I certify that (I) (this beam saw the deceased alive an above, (I) (and) (did) (did not the first and the firs	that (I) purplast r and from the couses stated 220: DATE SIGNED						
MPORTAN		tal.							
	(Burial (SPECIFY) Burial	4/29/82 Gar	rdens of Faith	236 LOCATION CITYOR TOWN Balto E REC'D. BY REGISTRAN 251-451ST	COUNTY STATING.			
81			uneral Home, In Lane, Balto, 1		PR 27 1982 Chan	ces D			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN. The law



1 -	FOR STATE REGISTRAR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 SEX M 7a. BIRT P	THPLACE (STATE OF FORE)	LIAN 4. RACE White	5 DA	CZYNSKI	April 26,		6:45				
7a. BIRT	THPLACE (STATE OF FORE)	4. RACE	5 DA		-						
Pa. BIRT	THPLACE ISTATE OF FORE	Talls it					IF UNDER 24 HRS				
P 10. CITY	THPLACE ISTATE OF FORE	MATITION	e Dec	19 ⁰ , 19 ⁰ 2	79	YRS DATS	HOURS MIN.				
P 10. CITY	DUNTRY)	GN 76 CITIZEN OF WI	HAT COUNTRY?	RIED X NEVER MARRIED	9 BALTIMORE CITY OR CO						
	oland	U.S.A	. wide	WED DIVORCED	Baltimore	City,	м				
Da	or town of DEATH	IF NOT IN SUCH F	SPITAL, NURSING HOM ACTUTY, GIVE STREET ADDRESS) Convales	e or other institution	17e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Engineer	KING LIFE) INDUSTRIV	lerchar larine				
13a ST		COUNTY ILLUTION GI	ve residence before admissi Bi. CITY OR TOWN 21234	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1762 Dunw	oodv Roa	d				
	HER'S NAME FIRST	MIDDLE	rczynski	15. MOTHER'S MAIDEN N.		LAS					
	AS DECEASED EVER IN U	J.S. ARMED FORCES? 1	SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESS						
(YES	NO NO UNKNOWN)	FYES GIVE WAR, OR DATES)	213-28-376	1Richard G.	Cwalinski B	alto., N	ID 212				
NOI	gove rise to immedicate (a), stating underlying cause I	the ast (c)	Discuss: 1			IN GIVEN IN PART 11 LIFES, WERE FINDINGERTIFYER CAUSES YES IT	NGS USED				
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.M.	MONTH DAY YE	AR 9	RRED (ENTER NATURE OF INJURY IN IT						
W.	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF		211. LOCATION	CITY OR TOWN	COUNTY	STATE				
	220.1 certify that (1) (the beauting attended the deceased from 1982, and that in (my) (east) opinion death occurred on the date and hour and from the causes stated obove, (1) (marked) (did not) view the body after death.										
	22b. SIGNATURE	but B B	redly	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE 4-2	51GNED 6-82				
	Albert B.	Bradley, M.	D. 0	4900 Bel		4834883					
	JRIAL, CREMATION, REA			F CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY	STATE				
	rial NERAL DIRECTOR	April2	3, '82More	Land Mem. Pa	rk Baltimore	Co., MD	1 inst				
Z4 FUN	NAME	r-1. 0-4	ADDRESS	aven Blvd. A		EGISTRALS SIGNAL	W. to				



DHMH - 16 50M 1/B1 (VRA 15, 4)

8 2 1 2 9 1 2 8 THE STATE OF THE S n. Lieber - who Pipeliel Unide During med During of any and a second again. 122/ 5- 1-Albert B. wester, M. S.

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 2 9					
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	20. DATE OF DEATH MONTH DAY Y	ZEAR ZE HOUR						
	CYNT		BUCHANAN	APRIL 29, 1982	09:34					
3. SI	Female	White	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	DATS HOURS MIN.					
	ALBERT S. D. C.		June 4, 1947	34 YRS						
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEA	MD.					
3 10.0	Baltimore	THE JOHNS HOP			IND OF BUSINESS OR					
3 USL	JAL RESIDENCE (IF NURS) STATE Va.	IN DIHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e. STREET ADDRESS						
14 F	ATHER'S NAME George	MIDDLE DeBoy	15. MOTHER'S MAIDEN NA FIRST Helen	ME MIDDLE Pizon	LAST					
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECU IVE WAR OR DATES) 063-38-9		Home Spruce Pine, N	.c.					
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) AUTE ROY DUE TO, OR AS A CONSEQUE (c) HYDOTUSION,	ENCE OF SUPSIS ! HUMANUTUSIC	24 FAILURE . PHOMAUTIS FORMING	BOUT MANUAL TUNNSPLANT					
Z	PART 2 OTHER SIGNIFICANT			TH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	ATION WAS PERFORMED 200 AUTOPSY? 100. IF YES, WERE F						
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ER) P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PA	ART 2)					
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC }	CITY OR TOWN COUN	NTY STATE					
100	220.1 certify that (1) (this hospital) attended the deceased fram 2-23-82, 19, to 4-29, 19 52, that (1) (we) saw the deceased alive on 4-24-82, 19, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above. (1) (we) (did) (did not) view the bady after death.									
			DEGREE	22c.	DATE SIGNED					
	226. SIGNATURE 226. PHYSICIAN'S NAME	Oi_	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	4-29					

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Bear Creek Church Cem 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

236 DATE

May 3,1982

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Rt.2 Bakersville, Mitchell N.C.

MAY 8 1982 A - Pariller

STATE OF MARYLAND

82 09030

18 27 882 22 mm Jan Starten

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or ottending physician.

4 may be

X	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 2	0	90	3
		REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.		15 1
		CEASED NAME FIRST	٨	AIDDLE	1	LAST	20. DATE OF DEATH	MONIH D	AY YEAR	2b. HOUR
		MAR	GARET	Μ.	E	BURKE	April 14,	1982	1000	1130
	3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI	THDAY)	ONTHS DAYS	HOURS A
0111		Female	Whit	е		. 7, 1907	74	YRS.		
bon	7o. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1/	1	Ireland		JSA	WIDOWE	ED DIVORCED	Baltimo		y	
90	1	TYOR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE VOOD NU	ET ADDRESS)	Home	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Domesti	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS
35	13e. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		GIVE RESIDENCE BEFO 13t. CITY OR TON Baltin	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6000 Be	llona	Avenue	
2	_	THER'S NAME		Date	1101 6	15. MOTHER'S MAIDEN NA		LIONA A	Avenue	
Ser.		Michael	WIDDLE	D. LOICO		FIRST	MIDDLE		LAST	
3	160 V	VAS DECEASED EVER IN U.S. A	PMED FORCES?	Burke	TIPITY NO	Mary 17. INFORMANT	ADDR	FSS	Roche	
edic		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)						2-11-	A A -1
E/	-	No		219 30	7846	Kenneth A	. Smith,	Jr., E	APPROXIM BETWEEN OF	
c ev		11610				V				0
r injury, ar other traumatic ev	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OF	tion	UENCE OF	lypertens	in			0
tows ony injury, or other troumatic ev	RIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUENTRIBUTING TO	UENCE OF	1 -1		20b. IF YES,	WERE FINDING	GS USED OF DEATH
tem 18 shows any injury, ar other traumatic ev	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OF (c) CONDITIONS CO 19b. CONDI	PAS A CONSEQUENT TION FOR WHICH	DEATH BUT	lypertens	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	OF DEATH
orked or Hem 18 shows any injury, or other traumatic ev	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OF CONDITIONS	R AS A CONSEQUENTING TO TION FOR WHICH	D DEATH BUT H OPERATIO	Lyperlens on Wasperformed	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	DF DEATH
n 21 is morked or Hem 18 shows any injury, or ather traumatic ev		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF OR CONTRIBUTING AUSE OF D. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22e I certify that (1) (this has saw the deceased alive or above, (1)) (wes) (dead) (did and contributions)	CONDITIONS	R AS A CONSEQUENT TION FOR WHICH	D DEATH BUT H OPERATIO DAY YEAR 19 , FARM, ETC.)	211 LOCATION SIREET 29 , 19 20 nd that in (my) (and opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES COUNTY	STA
raNI: If them 21 is morked or them 18 shows any injury, or other traumatic ev		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 22d Certify that (1) (this has saw the deceased alive as well as a saw the deceased alive as well as a saw the deceased alive as a saw the saw the deceased alive as a saw the s	DUE TO, OF DUE TO, OF CONDITIONS	R AS A CONSEQUENT TION FOR WHICH	D DEATH BUT H OPERATIO DAY YEAR 19 , FARM, ETC.)	216. HOW INJURY OCCURION STREET 29 , 19 20 and that in (my) (auch opinion DEGREE A ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES YES IN TEM 18 PAI	WERE FINDING CAUSES COUNTY	STAI
PORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic ev		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK 22a I certify that (I) (this has saw the deceased alive a above, (I) (was) (4nd) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (1YPE	DUE TO, OF	P AS A CONSEQUENT TION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19 . FARM, E1C)	216. HOW INJURY OCCURION STREET 217. LOCATION STREET 218. LOCATION STREET 219. 19. 20. 19. 20. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	ZOO AUTOPSY? YES NOW NED (ENTER NATURE OF INJU- CITY OR TO deoth occurred on the december of the december	20b. IF YES, IN CERTIFY YES YES IN TEM 18 PAIL OWN	WERE FINDING CAUSES OF COUNTY COUNTY 9	STANDOT (I) (NOCOUSES STORED
IMPORTANT: If them 21 is morked or them 18 shows any injury, ar other traumatic ev	MEDICAL	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 22a Certify that (1) (this has sow the deceased alive a above, (1) (we) (and) (did not) 22b. SIGNATURE	DUE TO, OF	P AS A CONSEQUENT TION FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURION STREET 217. LOCATION STREET 218. LOCATION STREET 219. 19. 20. 19. 20. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	ZOO AUTOPSY? YES NOW NED (ENTER NATURE OF INJU- CITY OR TO deoth occurred on the december of the december	20b. IF YES, IN CERTIFY YES YES IN TEM 18 PAIL OWN	WERE FINDING CAUSES OF COUNTY COUNTY 9	STANDOT (I) (NOCOUSES STORED

BP DHMH-16 30M 2/80 (VRA 15, 4) LEO 6-0 BIBERREE BIBERREE BIBERREE

TORT , T. SET . . . TECT i l er english som english som english som english Local Local State of Englisher UMBVI EXTRE Dr. William F. Censen, Jr., M.C. Sta P. Cak of t. a line -# 17x30 Naw Citheunal Inditory

AND YOR'S ROAD Falso, We. 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	REGISTRAR		CERTIFICATE	OF DEATH	REG. I	٧٥.	
	ECEASED NAME EIRST	MIDDLE	D LAST		20 DATE OF DEATH		YEAR 26 HOUR
_	MARI		BURL			4 26 8	2 5:50m
3 S	1	1 RACE	5 DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDER	TYEAR IF UNDER 24 HRS
70	BIRTHPLACE ISTATE OF FOREIGN	White	9 2	5 10	///	YRS	
10	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED ME		1	OR COUNTY OF DEA	TH /
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	WIDOWED THE	DIVORCED	120 USUAL OCCUPA	MORE CI	MD.
17	BALTIMORE	MERCY HOSPITH	DORESS)		HOMEMA	PARTITION INDI	
USI 13a.	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 13c. CITY OR TOWN		IDE CITY LIMITS?	13e STREET ADDRESS	40.	1
	MD.	BALTO.	YES	4	1111	SSIE ST.	
14 F	FATHER'S NAME	MIDDLE		HER'S MAIDEN NAM	ME		IAST
	JOHN	MUDSON		TINNIE		RAISE	LER
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR		ORMANT O	ADDE		-
	1/0 -	_ 217.01-		RRENC. Bu	18/1401	Cooksir	SIRCET
	PART I. DE ATH WAS CAUSE	/ ' / Le/ /\ / / / / / / / / / / / / / / / / /	LADAAIA	21/1000		BE	WEEN ONSET AND DEATH
H.	11100 IMMEDIA	TE CAUSE (o) CATALOTO	CMONNI	CY HACKE	21		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	MANDOCA	RMAL	NFARCTO	1	
	gove rise to immediate cause (0), stating the	(6) // (6)	· · ·	NOTICE !	NI MICH TU		
	underlying couse last	DUE TO, OR AS A CONSEQUEN	15CVD				
100	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN PA	ART Iro
No.							
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS P	ERFORMED	200 AUTOPSY?		AUSES OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121c HO	W IN HIRY OCCURR	YES NOL	YES _	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR	Joki occokk	LED LENIER NATURE OF INJ	ORT IN TEM 18 PART I ORP	ort ZI
MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOC	ATION			
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, EAR	IM, ETC)	STREET	CITY OR TO	OWN COUN	NTY STATE
		ital) attended the deceased from	4/19	19 52	- 10 4/26	19 82	that Mr (we) lost
	saw the deceased alive on above, (1) (we) (did) (did no	1 view the body after death.	2. ond that in	(our) apinion o	death accurred on the c	late and hour and fra	
	27b. SIGNATURE	0	DEGREE		BEING.	22c.	DATE SIGNED
	Mary Co	woll mo		PHYSICIAN	MEDICAL STA		4/26/82
	724 PHYSICIAN'S NAME CHIEC	(INI)	22e AD	DRESS			1
	CHKROLL		ME	RCY HOS	PITAL, 10	ALTO: MI	٥.
23a	BURIAL, CREMATION, REMOVAL	236 DATE 236 NA	ME OF CEMETERY	0 4	23d LOCATION	COUNTY	STATE
24.5	puria!	14/29/82 Cec	nR Hill	Conclery	15A11.	make	Mayland
10	NAME NAME	ADDRESS	100100	250. DAJE	PR 2 2 100	25h REGISTRAR	SNATUPAN TE
0	MAKIES L. SIEVER	os Fune Rul Home, In	C, 1301 E, 12	allere,	0 1302	Visines	THE RELEASE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been

should be detached for use as the buwith the State Dept. of Health and M IMPORTANT: If hem 21 is

retained by the haspital or attending physician.

ATTENDING PHYSICIAN: The low

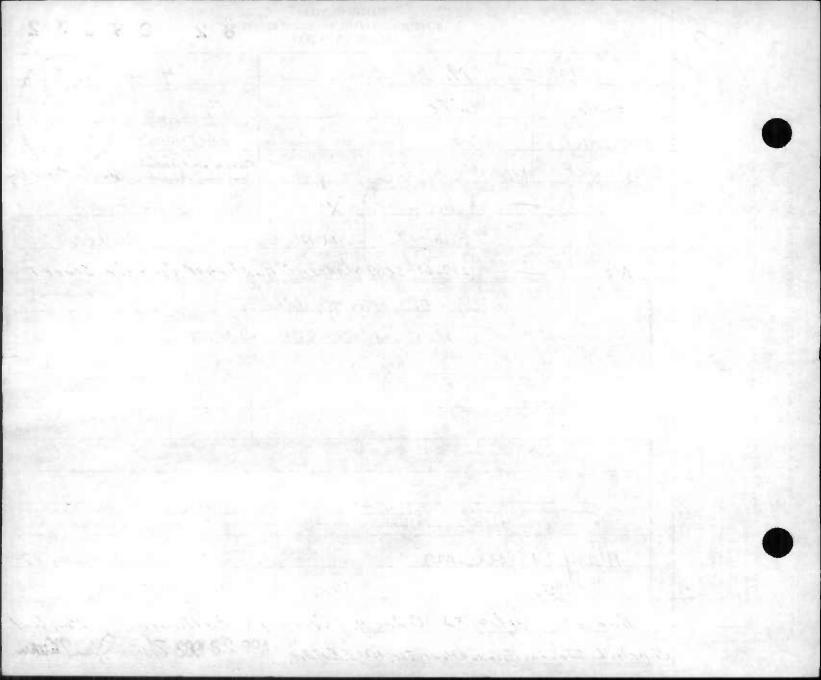
, the buriol-transit permit. Then please remove carbonpopers. Pages and Mental Hygiene priar to buriol, cremation, ar remaval.

injury, or other traumatic event, th

morked or frem 18 shows ony

puo

signed by the ottending physicion

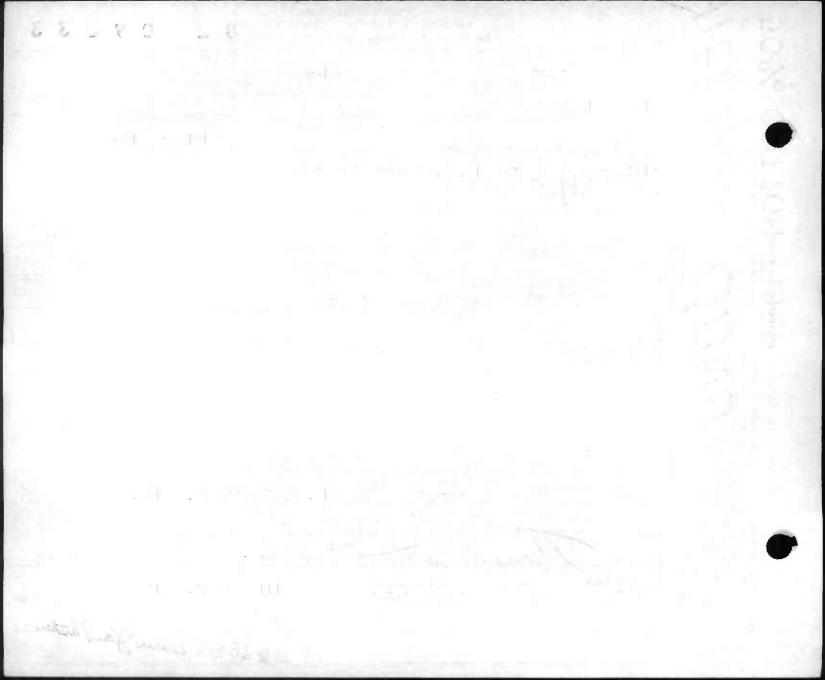


1	FOR STATE REGISTRAR				STA MENT OF EXAMIN	HEALTH		ENTAL H	2	4 3	O REG. NO.	9	0	3	3
	DECEASED NAME	E FIRST	MIDDLE LAST ZO. DATE KNOWN M								MONTH	DAY	YEAR	2b. HOUR	
	THE OK PRINTY	Ernest				E	Burley			OF E	ATED	4	23	1982	N
3. S	Male	Black	20				DER 1 YR.	IF UNDER Hours	24 HRS.	PRONOUNCE DE AD		4	23	3:28A	
1	BIRTHPLACE (S FOREIGN COUNTRY) Marylar		USA	AT COUN	ITRY?	8. MARR	IED NEV	VER MARRI	-	9. BALTIMO	_		YOFD	EATH	MD
10.	Baltimo		NAME OF HOSP IF NOT IN SUCH FACE 200 BIK	ILITY, GIVE S	TREET ADDRESS)			TION		MOST OF WORKIN		WORK		INDUSTR	ISINESS
F 113a	JAL RESIDENCE STATE aryland	(IF IN NURSING HOME OR OTHE 13b. COUNTY	r institution give	13c. CITY	OR TOWN		13d. THSIDE C	ITY LIMITS?		eet address 9 Nor	folk	Sti	ree	t	
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TANCHE CENT	UNDERLYING	CONTRIBUTING CAUSE OF DEATH 3:25 N				MONTH DAY YEAR 4 23 19 82 Subject shot									
2	22a I certi death result ACTUAL SIGNATURE	AT WORK AT WORK On street 200 Blk. W. Fayette St. Baito. Mo 220 I certify that I took charge of the remains described above, held an death resulted from: Natural couses Accident On Street On Str											Md.		
		TION, REMOVAL 236. DA		23c. 1	NAME OF CE	METERY C	Cem	ory eter	v Ba	CATION OR TOWN A 1 timo	re Co	COUP	чтү М<i>а</i>ч		ATE Rend

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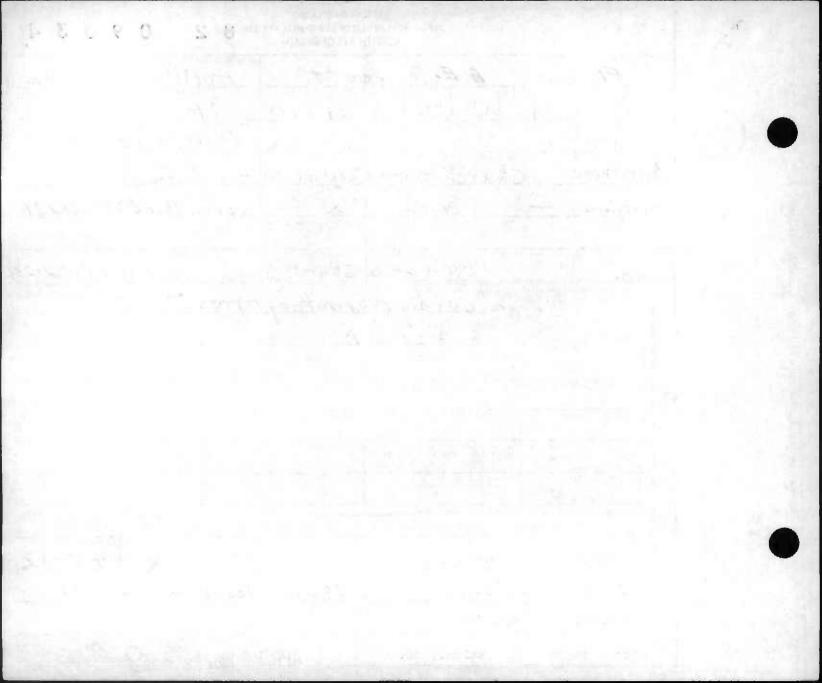
Wm. C. March F/H 1101 E. North Ave.

APR 26 1982 Francis D



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X	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	SIENE 8 2 REG. NO.	9034
y be	1. DE	CEASED NAME FIRST FORENCE	E. E. Bu	rvett	PAPTI I	1, 1982 5 30 A.M
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hin 24 ho	130.5	Maryland 13b. COUN		13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA.	13e STREET ADDRESS Bon	dst. 21231
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re be execution and control of the section and control of the medical the medical		Unkn.	y one couse per line far (a), (b), and (c).	15 Church H	ome 101N	Bond St. 2123 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
uires that the death certificate igned by the attending physic en please remove corbangabe burial, cremation, or removal ury, or other traumatic event, the	Z	PART I. DEATH WAS CAUSE	D BY: E CAUSE (a) CAY GID Y DUE TO, OR AS A CONSEQUENCE O (b) A S C DUE TO, OR AS A CONSEQUENCE O		Arres T	
n. nos been s permit. Th ne prior tr ws ony inj	CERTIFICATION	19a date of Operation	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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AL OR ATTEND The hospitol a AL DIRECTOR. J Betached for use are Dept. of Hea		220.1 certify that (1) (this hospit saw the deceased alive an, above, (1) (we) (did) (did not 22b. SIGNATURE	oi) attended the deceased from	DEGREE ATTENDING PHYSICIAN	death accurred on the date and h	, 19 , that (I) (we) lost nour and from the causes stated 22c DATE SIGNED 44-11-82
TO HOSPITAL (cetoined by the TO FUNERAL I should be detoined with the Stote I IMPORTANT: #		1000	Welson	Church	Hospital	21231
BP		SPECIFY) Removal	236 NAME C 4/12/82	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR Anatomy Board	Balto., Md.	APR	1 5 1982 REGISTRANCH REG	STRATE SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page retained by the hospital or attending physician.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

page 3 er death

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di	FOR - STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF I		0	2	0	9 (3	C
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3 5	SEX Co	4. RACE	L	5. DATE OF BIRTH	VEAR 6.	AGE (IN YEAR	S LAST BIRTHDAY		UNDER I YE.		DER 24 HRS
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STATE OF MARYL	AN
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8-2

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	(TYPE OR PRINT)	FIRST	MIDDLE				26. DATE OF DEATH M	ONTH DAY YEA	26 HOL
		EMOF		BURNH			4	1/5/8	2 9:2
	3. SEX		4 RACE		5. DATE OF BIRT	TH YEAR	6 AGE (IN YEARS LAST BIRTH	MONIHS DA	
	Male		White		Jan. 3		83	YRS	HOURS
	BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8	VENER WARRIER [9 BALTIMORE CITY OR		
3.5	Maryland	d	USA		WIDOWED [DIVORCED	BALTIMORE	CTTY	
1,1	10 CITY OR TOWN OF D			ITAL, NURSING	HOME OR OTH	HER INSTITUTION	12a USUAL OCCUPATION	N 12b. KIN	D OF BUSIN
74	CITY (Bal		THE UNION	NEMORI	AL HOSE	ITAL	Retired		ick Dr
35	USUAL RESIDENCE 15 NO 136. STATE Maryland	13b COUN	ITY 13c.	residence before a CITY OR TOWN Baltimor	13d. II	NSIDE CITY LIMITS?	130 STREET ADDRESS 5220 York	Road	
1,0	14 FATHER'S NAME		MIDDLE	LAST	15. M	OTHER'S MAIDEN NA	AME	1	
OC	Walter			Burnhar	n	Mary	Jane	G	illian
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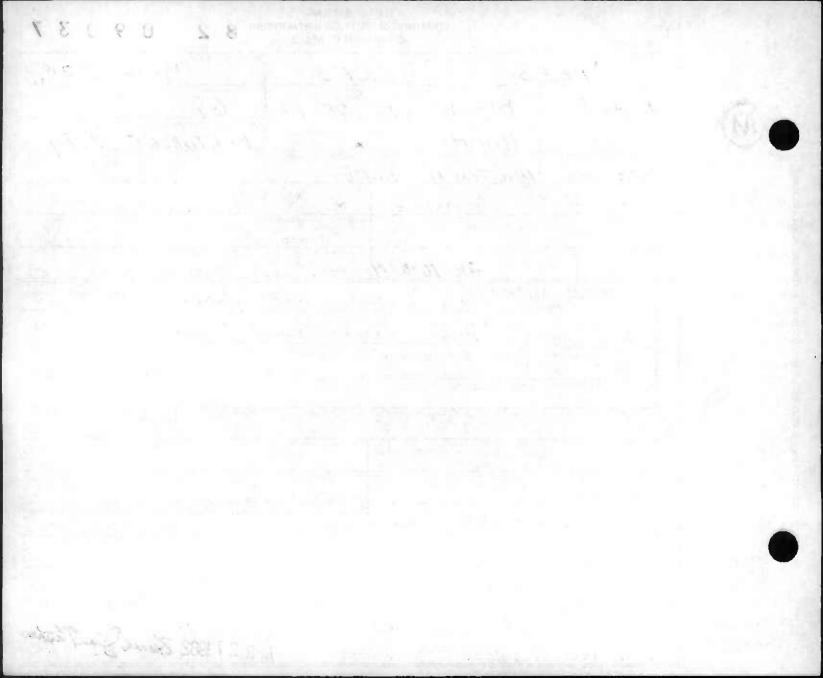
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Henry W. Jenkins Sons Co.

4905 York Road Balto., Md 21212 APR 6 1982

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			STATE OF MARYLAND	
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	4YGIENE 8 2 0 9 0 3 7
		CEASED NAME FIRST OR PRINT) JAME	S BURNS	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 910
	3. SE	MALE	BLACK 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HAS MIN ON THIS DAYS HOURS MIN
99		RTHPLACE (STATE OR FOREIGN) COUNTRY) Uth Carolina	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH
10	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WE NOT INSUCH FACILITY, GIVE STREET ADDRESS! HOME	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
35	130. 5	MD 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS 13d INSIDE CITY LIM	? 13. STREET ADDRESS 201 N. Broadway
20	14. FA	THER'S NAME FIRST UNKN	IS. MOTHER'S MAIDEN FIRST unkn	MIDDLE
/ medico		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE NO		ADDRESS
4	CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) DINDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 1206 IF YES, WERE FINDINGS USED
7	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		YES NO
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i ii iiem Z i is mor		220. I certify that (I) (this haspite saw the deceased alive or above, (I) (we) (cha) (did not 22b. SIGNATURE	new the body after death. 19 22, and that in (my) (aur) apini	that (I) (we) locate and hour and from the causes stated 22c. DATE SIGNED
MPOKI ANI:		22d. PHYSICIAN'S NAME (TYPE OR	PRINTAUTLA 220. ADDRESS S400 C	9LD COURTAIN ALS TOWN
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		INERAL DIRECTOR NAME C. March F/	H, Inc. 1101 E. North	APR 27 1982 Courses Sprature latter



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O HOSI etained TO FUN should b			M. L.	BIJPURIA,	M.D.			ROADWAY.
Z 6 F 2 2 Z		23a B	BURIAL, CREMATION, REMO	VAL 236. DATE	23c N	AME OF CEA	AETERY OR CREMA	

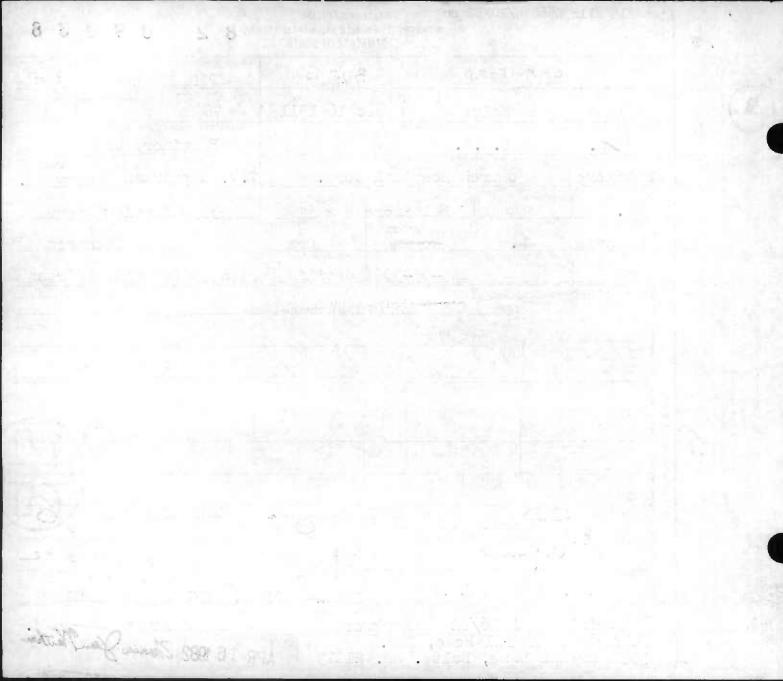
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tem #14 Film G566 4/20/82 rc STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH 2 HOUR 2 00 P CRAWFORD LIVPE OR PRINTS BUR TON 13, 1982 LIN YEARS LAST BIRTHDAY) IF UNDER DA HRS 70 TIMORE CITY OR COUNTY OF DEATH Baltimore City OF WORK FOR MOST OF WORKING LIFE!

V. Repairman

I. OTTER

OF WORK FOR MOST OF WORKING LIFE! Levy Co. REET ADDRESS 3758 Bonview Avenue MIDDLE Thompson ADDRESS (wife) same address Y TO CARCINOMA OF COLON SEASE OR CONDITION GIVEN IN PART 110 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO F ITER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY corred on the date and hour and from the couses stated 22c DATE SIGNED 4.13. 8 ICAL STAFF SPITAL CORPORATION BALTIMORE. MD Baltimore 4/16/82 Burial Parkwood 24 FUSchimanek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213



STATE OF MARYLAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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20. D	ATE O	FDEATH	MONTH	DAY	ī

26 HOUR

12b. KIND OF BUSINESS OR

Butler

APPROXIMATE INTERVAL

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that A (we) last

IF UNDER 24 HRS

			REG.	NO.
1. DECEASED NAME (TYPE OR PRINT)	aby Boy	Butler	2a. DATE OF DEATH	3 21 82
3 SEX Male	Negro Negro	5. DATE OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEAR
BIRTHPLACE (STATE OR FOREM COUNTRY) Maryland	GN 76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIED NEVER MAR WIDOWED DIVOR	Red	OR COUNTY OF DEATH
10. CITY OR TOWN OF DEATH Beltimora	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITU VESTREET ADDRESS! 108pital	TION 120 USUAL OCCUP.	
Marylend H	COUNTY 13, CITY COLU	OR TOWN 139 INSIDE CITY	6136 Ge	tes 111
14 FATHER'S NAME FIRST UNKNOWN			heresa	Marie " Bů
2 NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 166 SOCI YES, GIVE WAR OR DATES} NOT	18 Therese	Marie Butler	Same as # 13
Conditions, if ony, wh gove rise to immedi couse (o), stating	DUE TO, OR AS A CO	Pulmenary	tailure weathicience	730 gm) a
PART 2 OTHER SIGNIFIC IPO DATE OF OPERATION 210. ACCIDENT WAS UNDERLY		Cerebral 4 H4 WHICH OPERATION WAS PERSORM	THE BERMINAL DISEASE OF CO MEMORYLAS E 200 AUTOPSY? YES P NO	20b. IF YES, WERE FIND
216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI LIFETHER, NOTIFY MEDICALES WHILE NOT WHILE AT WORK AT WORK	E OF DEATH HOUR A.M. MON	NTH DAY YEAR 19 211. LOCATION	Y OCCURRED (ENTER NATURE OF H	NJURY IN ITEM 18. PART I OR PART 2)
22a.1 certify that w (this sow the deceased o	s hospital) attended the decase live on 22-22 did on view the body after deat	h. DEGREE		TAFF _ 226. DAT
22d. PHYSICIAN'S NAME	(TYPE OR PRINT) CRANCE	22e. ADDRESS	AGNES	HOSPITAL

pinian death occurred an the date and hour and fram the causes stated

GIVEN IN PART 1101

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

FOR

NEW CATHEDRAL

23d LOCATION CITY OR TOWN

COUNTY

22c DATE SIGNED

DHMH-16 30M 2/80 (VRA 15, 4)

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4/27/82 NEW C 1630 Edmondson Avenue 24 FUNERAL DIRECTOR OF CATONSVILLE BALTO., MD. 21228

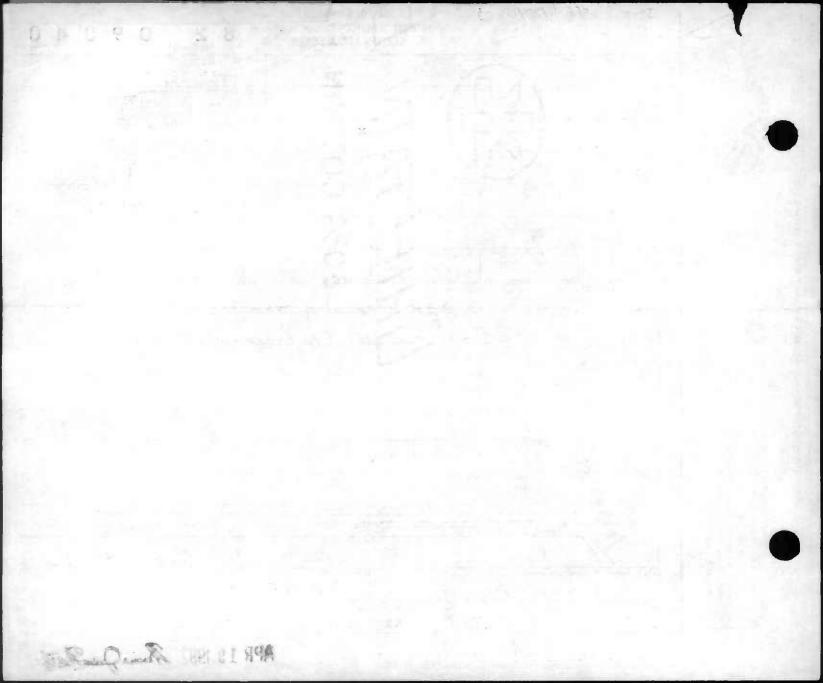
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	10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 his retained by the haspital as attending physician.
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		EASED NAME FIRST	MIDDLE	i i	AST	REG. NO 20 DATE OF DEATH MONT	H DAY YEAR 2
	1	George	E.	В	yrd	April 16,	1982
1	SE	4	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR H
1	_	Male	Black	6 MONTH	19 13	68	YRS MONTHS DATS H
17		S.C.	CITIZEN OF WHAT COUNTRY?	WIDOWE		Baltimore city or co	
Do		Baltimore	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1826 N. Car	colin		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 12b. KIND OF E
33	la S	LERESIDENCE (IF NURSING HOME OR O TATE 136 COUNT	other institution give residence before Y 13% CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 1826 N. Car	coline St.
\$ OC	14 F.A	THER'S NAME FIRST Elliott	Byrd LAST		15 MOTHER'S MAIDEN NAI FIRST Rozina	MIDDLE	Bostick LAST
dicol		(IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	
e med		No	249–18–	8115	Ophelia Byro	1 1826 N. Car	coline St.
ury, or oth	NOI	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) DNDITIONS CONTRIBUTING TO E		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 11a
.g	A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDING CERTIFYING CAUSES OF
nius and ruli	TIFIC						YES
Hem 18 shaws any inju	CAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	
00	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	19	21c HOW INJURY OCCURE 211 LOCATION STREET	ED (ENTER NATURE OF INJURY IN IT	
or Hem 18	-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (I) (this haspita saw the deceased alive an abave, (I) (we) (did 17616 mot)	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE F	FARM ETC)	211 LOCATION STREET , 19 and that in (my) (aur) apinian (COUNTY tho
If hem 21 is marked or hem 18	-	OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK 27d I certify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did 1 did 1 has) 27b. SIGNATURE	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE F all) attended the deceased fram view the bady after death.	FARM ETC)	271 LOCATION STREET . 19 and fhat in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN	CITY OR TOWN	COUNTY 19 . that dhaur and fram the cau
WPORTANT: If them 21 is marked or them 18.	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 220 I certify that (I) (this haspita saw the deceased alive an abave. (I) (we) (did total t	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F II) attended the deceased fram view the bady after death.	19 FARM ETC)	271 LOCATION STREET , 19 and that in (my) (aur) apinian of DEGREE ATTENDING	city OR TOWN ta death accurred an the date an MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY 19 . that dhaur and fram the cau



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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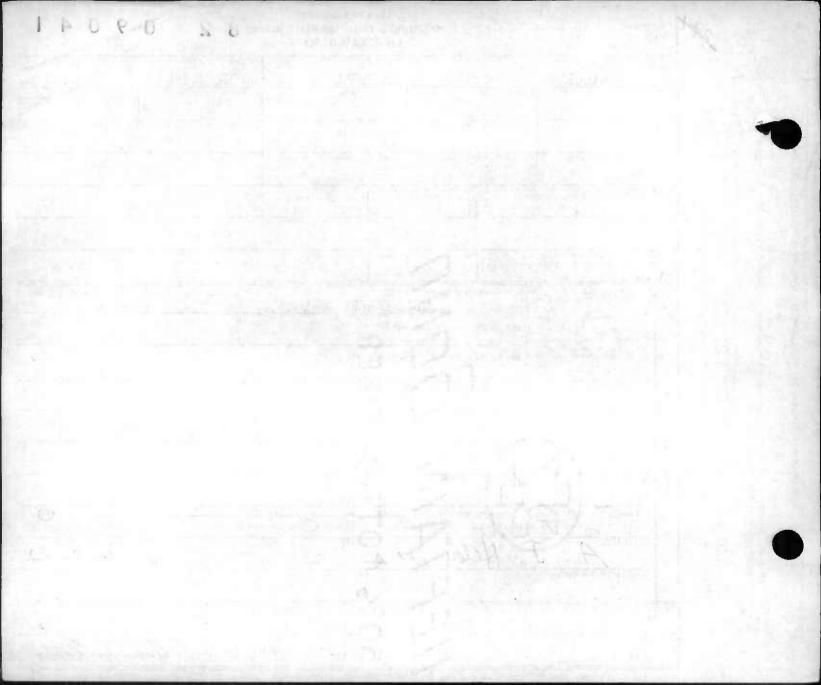
Yes 18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	MIDDLE ARMED FORCES? 16b SOC 579 polly one couse per line for (a)	S. DATE C MONTE MARRIE WIDOWI L. NURSING HOME (GIVE SIRECT ADDRESS) TOME HOSE ENCE BEFORE ADMISSION) OR TOWN LIMOTE LAST LAST DIAL SECURITY NO. 9-07-0884 STATIC CAN	DIVORCED DIVORCED DO DITAL. 13d. INSIDE CITY LIMITS? YES NO FIRST	REG. NO. 20 DATE OF DEATH MON APRIL 3,1982 6 AGE (IN YEARS LAST BIRTHDAY 69 9 BALTIMORE CITY OR CO BALTIMORE (TYPE OF WORK FOR MOST OF WORK MIDDLE ADDRESS MPDELL 211	YRS. DA WONTHS D	6:40 pm AR IF UNDER 24 HRS. (S HOURS MIN.) ADD OF BUSINESS OR RY
Male 76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MD JO CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE I W NURSING HOME OF DEATH MD 14. FATHER'S NAME FIRST 18. CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT	A RACE Black 7b. CITIZEN OF WHAT CO USA 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Church H OR OTHER INSTITUTION GIVE RESIDE JINTY 13c CITY Bal MIDDLE ARMED FORCES? 16b SOC 579 only one couse per line for to SED BY ATE CAUSE (a) METAS	S. DATE C MONTE MARRIE WIDOWI L. NURSING HOME (GIVE SIRECT ADDRESS) TOME HOSE ENCE BEFORE ADMISSION) OR TOWN LIMOTE LAST LAST DIAL SECURITY NO. 9-07-0884 STATIC CAN	The property of the property o	6 AGE (IN YEARS LAST BIRTHDAY 69 9 BALTIMORE CITY OR CO BALTIMORE 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK 13e. STREET ADDRESS ME MIDDLE	y H UNDER TYE MONTHS DA POUNTY OF DEATH COUNTY	AR IF UNDER 24 HRS. OF BUSINESS OR NATIONAL STATES OF BUSINESS OR
Male 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD 30 CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OF DEATH STATE) 138. COL MD 14. FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES. G) Yes 18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT	Black 7b. CITIZEN OF WHAT CO USA 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, Church H OR OTHER INSTITUTION GIVE RESIDE JINTY 134 CITY Bal MIDDLE ARMED FORCES? 16b SOC 579 only one couse per line for to SED BY ATE CAUSE (a) METAS	DUNTRY? 8. MARRIE WIDOWI L, NURSING HOME OF GIVE STREET ADDRESSI TOME HOSE ENCE BEFORE ADMISSION OR TOWN LIMOTE LAST CIAL SECURITY NO. 0 - 07 - 0884 DOI, (b), ond ic). STATIC CAN	19 12 12 ED TO NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR CO Baltimore 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK 13e. STREET ADDRESS 211 Chape	YRS MONTHS DA YRS DAWNTY OF DEATH City REKING LIFE INDUSTI PRESENTED TO THE PROPERTY OF TH	ME OF BUSINESS OR
76. BURTHPLACE ISTATE OR FOREIGN MD JO CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE IN NURSING HOME OF STATE MD 14. FATHER'S NAME FIRST 18. CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS OWNER OF DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (b), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT	76. CITIZEN OF WHAT COURS A STATE CAUSE OF WHAT COURS OF HOSPITAL (IF NOT IN SUCH FACILITY, Church H) OR OTHER INSTITUTION GIVE RESIDE 134 CITY Ball MIDDLE ARMED FORCES? 166 SOC 579 ONLY ON A COURS OF THE COURS OF THE CAUSE (a) METAS	MARRIE MIDOWI L, NURSING HOME OF GIVE STREET ADDRESS! HOME HOSE ENCE BEFORE ADMISSION) OR TOWN LIMOTE LAST CIAL SECURITY NO. 0 7 - 0884 O), (b), ond (c), STATIC CAN	D NEVER MARRIED DIVORCED DIVOR	Baltimore 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK 13a STREET ADDRESS 211 Chape	Chapel	O OF BUSINESS OR
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14. FATHER'S NAME 14. FATHER'S NAME 15. OR UNKNOWN) 16. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) 18. CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS 18. CONditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT	MIDDLE ARMED FORCES? 16b SOC 579 conly one couse per line for (o SED BY ATE CAUSE (a) METAS	CIAL SECURITY NO. 0-07-0884 STATIC CAN	YES X NO 1 15 MOTHER'S MAIDEN NAI FIRST 17 INFORMANT Fannie Car	ME MIDDLE	Chapel	St.
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ă 6 P			DN WAS PERFORMED	20a AUTOPSY? 20b	D. IF YES, WERE FIN CERTIFYING CAUS	DINGS USED
OR CONTRIBUTING CAUSE OF DI OR CONTRIBUTING CAUSE OF DI ZI INJURY OCCURRED NOT WHILE NOT WHILE	EATH HOUR A.M. MON	NTH DAY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN I		
270. I certify that (I) this hasp	pito offended the deceose in APRIL 3	19 <u>82</u> , or	nd that in (my) our opinion	, to APRIL 3 deoth occurred on the date o		
A	J. Helou	, M. A		MEDICAL STAFF DIRECTOR PHYSICIAN	111	3-82
A. J. HELOU		11.	270 ADDRESS 100 CHURCH HOME	N. BROADWAY CORP. E	BALTIMORE	, MD;2123

DRMH - 16 50M 1/81 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR
Wm. C 4/12/82 Md. Veteran Cem. 1101 North Ave. C. March F/H

Crownsville Crownsville APR 6 1982 home gentland

MD



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12

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	1 -	STATE REGISTRAR			CERTIF	CATE OF DEAT	H	REG.	NO.		
1		CEASED NAME Y AN FIRST	Josep	D C	aprar	ola		20. DATE OF DEATH		DAY YEAR	26 HOUR
		BABY	BOA	≠ GA	PARC			APRIL 28	1	BZ I IF UNDER LYEAR	3:38AM
	3 SEX	nale	1. RACE // /e		5. DATE O		82	B. AGE (INTERNSTASI	YRS	MONTHS BAYS	HOURS MIN.
	70. BIF	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF	VHAT COUNTRY?	8 AA A PRIE	NEVER MARR	ED P	BALTIMORE CITY	OR COUN	TY OF DEATH	
	N	25 fminster	4.5	.11	WIDOWE	D DIVORC	ED 🗌	BALTI	10RE	CITY	MD.
3	1	or town of DEATH	(IF NOT IN SUCI	OSPITAL, NURSING FRACHLITY, GIVE STREET A HOPKINS	DDRESS)	PITAL	ION	12a USUAL OCCUP			OF BUSINESS OR
1	USUA 13a. S	AL RESIDENCE (IF NUR 10 OR TAX	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE A	'ASTA	13d. INSIDE CITY LI.		130 STREET ADDRES	É.,	Maix	51.
6	14 FA	TESEPL A	book of	Caprai	vola	15. MOTHER'S MAI	DEN NAM	Ma del	1.ne	50 %	51215
2		VAS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	Joseph K	. Cap	orgrala	RESS /	Stain	ster
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		line for (a), (b), and	101.1	'n	1	A 6. 1		BETWEEN	ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	(b) DUE TO, OF	R AS A CONSEQUER	NCE OF	LYPER		MONE			
	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CC	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CO	NDITION G	SIVEN IN PART 1	(0)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED		200. AUTOPSY? YES NO NO	IN CER	ES, WERE FINDI TIFYING CAUSES YES [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF	JURY IN ITEM H	8 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET		CITY OI	TOWN	COUNTY	STATE
		22a 1 certify that (1) (this hospi sow the deceased alive an above, (1) we) (fild) (did no			4/2	d that in my (our)		, to	dote and h	our and from the	that () (we) last couses stated
		Maraya	ran 1			PHYS	IDING ICIAN	MEDICAL S	TAFF SICIAN 🗹	224. DATE	28/82
344		V- NARAYI	R PRINT)			PEDIA	TRIC	5, JH1	1 B	ALTO.	MD
10 to 10	23a. B	BURIAL, CREMATION, REMOVAL	4-30-	(- M	AME OF C	EMETERY OR CREM		23d LOCATION CITY OR YOWN	aster	Corriel	11 ml.
000000	24 FL	eficient.	Desti	E. Mai	md.	21157	250. DATE	AY 6 198	AR 25b. REO	STRAR	TUNIO CONT.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed should be detached for use as the buriol-trainst permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If them 21 is marked or them, 8 shows any injury, or other troumatic event, the medical examination.

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STATE OF MARYLAN

UD DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGIST	TRAR		DELAKIN	CERTII	ICATE OF DEATH	TOTENE	S Z	U	9 0	4 9
1. DECEASED	NAME FIRST		WIDDLE		LAST	20 DAT	E OF DEATH	MONTH	DAY YEAR	26 HOUR
	ames Edwa	ard Car	nes S			A.	pril 1	1. 10	982	4 AM
3 SEX		4. RACE		5. DATE	OF BIRTH		(IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Mal		Caucas	sian	10		6	9	YRS	MONTHS DATS	HOURS MIN.
A. BIRTHPLAC	E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D M NEVER MARRIED	9 BALT	IMORE CITY O	R COUNTY	OF DEATH	771111111111
Md.		U.S.A	1.	WIDOW		B	altimo	re		MD.
10 CITY OR TO	OWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USU	JAL OCCUPATH	ON	126 KIND C	OF BUSINESS OR
	imore	3726	E. Lomb	ard	Street		tired			kav
USUAL RESID	ENCE (IF NURSING HOME O		13c CITY OR TOWN Balto.		13d INSIDE CITY LIMITS	13e. STR	EET ADDRESS	Lomba	ard St	
14 FATHER'S	NAME TRST	MIDDLE	LAST	2 - 10	15. MOTHER'S MAIDEN	NAME			14	
	/illiam		arnes		FIRST		MIDDLE	Не	ergett	
	EASED EVER IN U.S. A		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	rine	ADDRE	SS	ar Serre	
no	UNKNOWN) (IF 185, G	NE WAR OR DATES			Ina Carne	s. 3"	726 E.	Lomb	ard S	+
18 CAU	ISE OF DEATH (Enter o	nly one couse per	lift for in (b), ene	Hd.		/				(IMATE INTERVAL ONSET AND DEATH
PAR	T I. DEATH WAS CAUS	ED BY TE CAUSE (0)	118/28/	2/16	Carc				3	march >
16	29	DUE TO, O	R AS A CONSEQUE	NE OF	1		/			
	ions, if ony, which	((b)	Phobal	70	lung C	anc	1			
couse	rise to immediate (0), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	0				3100	
underl	ying couse lost	((c)								The Table
	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CONE	DITION GIV	EN IN PART 1	0
CERTIFICATION 130 VCC		100 00000								
P IN DAI	E OF OPERATION	196 COND	II ION FOR WHICH	OPERATIC	N WAS PERFORMED	20a A	AUTOPSY?	IN CERTIF	YING CAUSES	NGS USED OF DEATH?
21: 400	IDENT WAS UNDERLYING	7 216. TIME C	E INTITION		Tal- How Indiany occ	YES [YE:	- 🖰 .	ио 🗆
	TRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	UKKED (ENT	ER NATURE OF INJUR	TY IN ITEM IB P	ART I OR PART 2]	
_ <u> </u>	URY OCCURRED	P. PLACE		19	71L LOCATION					
	NOT WHILE		REET FACTORY, OFFICE FA	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
AT WORK	AT WORK	: 1: A 1 1 1	6	-	1001	7	A	/	67	
sow	rtify that (I) (this hasp the deceased alive or	Nove	4 19	1820	nd that in (my) (our) opini	on death acc	urred on the do	ate and how		that (I) (we) lost
obo	ove, (1) (we) (did) (did n	ot) view the body	olter death.		DEGREE			TE ONE HOU	171 DATE	1
1		20	-/		ATTENDING		AL STAF	F	41	12/12
22d PHY	SICIAN'S NAME (TYPE	OR PRINT)	-		PHYSICIAN 122e ADDRESS	DIRECT	TOR PHYSIC	IAN	11/	1000
0	TRULL	DONAL	0110	1	195 HIG	NIE	Dan	WE R	01700	212256
23a BURIAL C	REMATION, REMOVAL			AME OF	EMETERY OR CREMATOR	V 122d 1	OCATION	VB 41	3500	1001
(SPECIFY)		100		WIL OF (CITY OR TOWN		COUNTY	STATE
24 FUNERAL I	urial DIRECTOR	14:/14:/	82 00	akla	wn Cemeter	DATE RECID	altimo BY REGISTRARI	re.	MO	TURE
	lno Funer	al Home	263 5	. Co	onkling p	D 1 0	1000	C	\ di	12.
		110111	, 20) 0			U 13	NOC GA	unced)	fand b	explor

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled

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 TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after de-retained by the hospital or attending physicion.

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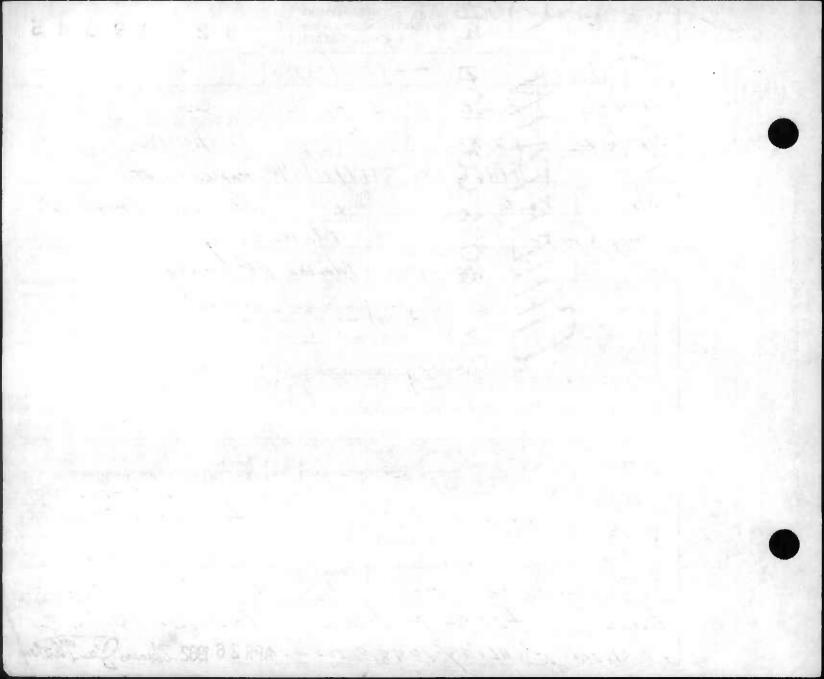
	5	TATE OF MARYLAND		
FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH	, REG. NO.	09044
I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	10 mm
Brown	rel (argenter	048	15 00 S
3 SEX	4 RACE S. D.	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ma/e		18 - 03 - 08	72	MONTHS DATS HOURS MIN.
THE MATHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
5 Kenturky		OWED DIVORCED	Barto	city MD.
IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Balto, city.	Chiv, of Md. Hos	Pital at Balto.	TRETITE	INDUSTRY
JSUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS	ION		
Md 136 COU	Baltimor	re 138 INSIDE CITY LIMITS?	13e. 2845 W. N.	Iulberry St.
14 FATHER'S NAME		15 MOTHER'S MAIDEN NAM		
(mat so >	MIDDLE	1101120	WIDDIE	LAST
160 WAS DECEASED EVER IN U.S. AI		IO. 17 INFORMANT	ADDRESS	HIT
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 408-14-44	Frances Bey	ans 2845 W	. Mulberry St.
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (0) Cardiopula	nonary arrest	V SEEDING	
3609	DUE TO OR AS A CONSEQUENCE O	OF C	Acute Rena	1 Filure
Conditions, if any, which	(b) Respiratory a	175tress Syndrome	3) Afdomin	of abscen
gave rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQUENCE O	OF .		
underlying couse lost.	(c) Small be	wal obsta	-action	
	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDITION	N GIVEN IN PART TIO
190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
= 12/19/ Drs	Peritoniti.		INC	ERTIFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		ED (ENTER NATURE OF INJURY IN ITE	YES NO
00 000 000 000 000 000 000 000		EAR	TO TEMEN ANIONE OF INDOM HAVE	M 10 FART 1 OR FART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE FARM ETC	STREET	CITY OR TOWN	COUNTY
220 I certify that (1) (this hosp	ital) attended the deceased from	Prix -1 19 P2	10 April -11	19 12 sthor (1) (we) lost
saw the deceased alive or	April -18 19 82	_, and that in my (our) opinion d	eath occurred on the date on	d hour and from the couses stated
ZZE SIGNATURE		DEGREE		27c DATE SIGNED
1 64	2 2000	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	April -18/2
224 PHYSICIAN'S NAME (THE	A PRINTS	22e ADDRESS	DIRECTOR THOCKEN	10 00
Yo - Jun	Some, M.D.	Universt	Md. at Rd	to, Md.
23a. BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME (OF CEMETERY OR CREMATORY	23d LOCATION	702 1791
Burial		more Cemetery	CITY OF TOWN	. M'd
24 FUNERAL DIRECTOR	1 1/22/02 Datt	250 DATE	The same of the sa	GISTRAR'S SIGNOTURE
Law Funeral Ho	me 4611 Park Heig	ghts Ave. APR	23 1982 Zene	en land lestres
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours o	retained by the haspital or attending physician

DHMH - 16 50M 1/ (VRA 15, 4)

15	1.	ems 21a-22a G567 FOR - STATE REGISTRAR	DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYGIEI FICATE OF DEATH	NE 8 2 0	9045
0		CEASED NAME CON GO	/	OF BIRTH 6	a DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAY)	23 82 3 4 M
72 hours	≱ ar B	COUNTRY)	.6 1	29 98 ED NEVER MARRIED 7	BALTIMORE CITY OR COUNT	Y OF DEATH.
filed within		ITY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME NOT IN SUCH ACCITY, GIVE STREET LODRESS!	or other institution 12	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF MORKING	126 KIND OF BUSINESS OR INDUSTRY
should be	13a S	AL RESIDENCE (IF NURSING HOME OR OTHER IN STATE 13% COUNTY ATHER'S NAME	, 13c CITY OR TOWN	113d INSIDE CITY LIMITS? 13	Se STREET ADDRESS	Garden LA.
S lond 2		HARTY CATTER NAS DECEASED EVER IN U.S. ARMED FO	DRCES? 166 SOCIAL SECURITY NO.	Clartha L		LAST
Sion ond Sirs. Poges		YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR	212-18-4413	Martha M	10 Cready	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n signed by the ottending ph Then please remove corbonp rto buriol, cremotion, or remo injury, or other troumotic even	NOI	Conditions, if ony, which gove rise to immediate	UE TO, OR AS A CONSEQUENCE OF (b) AS A CONSEQUENCE OF (c)	TNOT RELATED TO THE UTMIN.	luse AL DISEASE OR CONDITION G	IVEN IN PART 1(0)
ransit permit. Hygiene prio	CERTIFICATION		CONDITION FOR WHICH OPERATION		YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES NO
buriol-tran Mental Hy or Item 18 s	MEDICAL CE	OR CONTRIBUTING A CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY HOME—TA	fall at		PARTIORPARTZ) 1 reduction &
R. After thuse os the Health and is marked a	ME	WHILE AT WORK AT WORK (A) (AF	nome street, factory, office, farm, etc.)	2121 Windsor	Garden La., Ba	alto.Md. 21207
RAL DIRECTO detoched for rote Dept. of VT. If frem 21		saw the deceased alive on observe (I) (we (did) (did not) view to 27b. SIGNATURE	he body offer deoth. Natural Lead M.J.	ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN	on at Provident
should be with the Str	120 (22d PHYSICIAN'S NAME (TYPE OR PRINT)	REEDMD	CIS. CH	10	To. Me 21230
	1	BUPIAL, CREMATION, REMOVAL 238 E SUTING JUTING JUREAL DIRECTOR	1-00 1171	TOURN 1250 DATE IN	234 LOCATION CITY OF TOWN SHOTTING OF E EC'D. BY REGISTRAR 25b. REGIS	Mary / und
16 50M 1/81 A 15, 4)	L	ERNON B.	ALIFY 13480	CALVO . Y S AP	R 2 6 1982 Tax	ness Jean Narthen



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1 -	FOR STATE REGIST
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page 3

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and ca should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, or ather troumatic event, the

executed within 24 hours after

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physicion Course be malfred gray

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR					REG. N	0.		
DECEASED NAME FIRE	MIDDLE		LAST .		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	RTRUDE MAR	EE CA	ARTER		April	14,	1482	2:25%
SEX	4 RACE	S. DATE	OF BIRTH	VE 4.0	6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
FEMALE	WHITE	03	06	1900	82	YRS.	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHA	COUNTRY? 8	ED NEVER	AAPPIED T	9 BALTIMORE CITY	R COUNT	OFDEATH	
MARYLAND	U.S.A.			VORCED	BALTIMOR	E CITY	Z	MD
CITY OR TOWN OF DEATH		ITAL, NURSING HOME	OR OTHER INS	TITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
BALTIMORE		AGNES HOSP	ITAL		SUPERVISO		ST. O	F MARYLA
SUAL RESIDENCE (IF NURSING HE O STATE 1236		ESIDENCE BEFORE ADMISSION)	113d INSIDE C	ITY HAITS?	ELECTIONS	, HOW	ARD CO.	
		ELKRIDGE	YES 🗌	NO 😿	6360 LOUD		ENUE, 2	1227
FATHER'S NAME	MIDDLE	LAST	15. MOTHER	S MAIDEN NAM	AE MODLE	11 %	fri LAS	
UNKNOWN		KING		FIRST	UNKNO	WN	· ·	
WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b	SOCIAL SECURITY NO	17 INFORMA	NT	ADDR	ESS ELI	KRIDGE,	MD.
NO		L6-24-1626	DOROTH	Y SMITH	BAKER 636			
18 CAUSE OF DEATH IER	ter only one couse per line f		1		1 -			MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	ardionu	umono	ins a	rrest			
40112		CONSTOLIENCE OF						
Conditions, if any, while	/ 1 1	COPPO TO	assul	an co.	wident			
gove rise to immedia	te	Cer en la	V.SCILL	a Cit	CLICUS II	_	-	
couse (a), stating the	1 002 10, 000	CONSEQUENCE OF	11	1/26/1	tin			
	107	ronic att	101 4	1PH H	Trull.			
	ANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GIV	EN IN PART 1:	o
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19h CONDITION	FOR WHICH OPERATION	ON WAS PERFO	RMED	20a AUTOPSY?	20h JE YE	S, WERE FINDI	NGS LISED
	7.6. 60.75		JI T T T T E KI C		190	IN CERTI	FYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJ	URY	21c HOW IN	LIURY OCCURR	YES NO		S []	ио 🗌
CO COLUMNIA CALLER	110110 4 11	MONTH DAY YEAR		JOHN OCCORN	ED (Edick daloke or hel)	JAT III (IEM 10	ANT TON PANT 2)	
(IF EITHER NOTIFY MEDICAL EX.	P.M. 21e PLACE OF IN	19	21f LOCATIO	201				
WHILE IN NOT WHILE I	THE PLACE OF IN	CTORY OFFICE, FARM ETC)	STREET		CITY OR TO	NWN	COUNTY	STATE
AT WORK AT WORK		t	27	61-5		//	0 7	
22a.1 certify that (1) (this sow the deceased ali	hospital) attended the dec	eosed Hom	27	. 19	10 7/	4		that (I) (we) las
obove, (I) (we) (did) (did)	did not view the body after	death.		(our) opinion a	eoth occurred on the d	ofe and hou	ir and from the	couses stated
22b. SIGNATURE	in A N	21, 00 11	DEGREE	ATTENDING	MEDICAL STA	e V	THE DATE	19100
FILANC	w a.x	poor n.	V.	PHYSICIAN [DIRECTOR PHYSI	CIAN	7/1	4000
22d. PHYSICIAN'S NAME	TYPE OR PRINT!		22e ADDRES	S			- 1	
MARCIA A.	GOOD, M.D.		ST. A	GNES HO	SPITAL			
BURIAL, CREMATION, REMO	OVAL 236. DATE	230 NAME OF			23d LOCATION			THE PARTY NAME
BURIAL	04-17-82	MEADOW	RIDGE M	EM. PK.	ELKRIDGE	HOW	AR MA	The Third
FUNERAL DIRECTOR		ADDRESS	21229	25e. DATE	REC'D. BY REGISTRAN	MEGIS	No.	Act .
HUBBARD FUNERA	L HOME, INC.	4107 WILKE	NS AVE.	AF	R 16 1982	CIO	0	

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	WIDDLE	C LAST	20. DATE OF DEATH MONTH	DAY YEAR 76. HOUR
NAMI	E	LARIER	310	182715 AM
3. SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH AY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
/ emale	Dack	4 16 83	99 YRS.	7
78 BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
S. CAROLINA	U. S. A	WIDOWED DIVORCED	BALTINDR	E CITY MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	176. KIND OF BUSINESS OR
BALLIMORE	KENSON NUI	BSING HOME		
JOUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 COUN			13e STREET ADDRESS	~ -
IVID	BALTIA	NORE YES NO [1318 W.140SM	YER SI,
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	12AI
unkn own.		ANNIF	F	RENCH
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR	RITY NO. 17 INFORMANT	ADDRESS	//
NO NO	0 213-30-	4844 CATHERINE DO	UPPINS 2237 OREM	
	nly one couse per line for to), (b), one	l (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Cordia	e arrest		
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Conditions, if ony, which	1 101 Myoca	ardial myar	ction	
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underlying couse lost.	1 10 Arter	io Scleratic C	ardio vascular	Prease
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190. DATE OF OPERATION NA 710. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
710. ACCIDENT WAS UNDERLYING	7 716. TIME OF INJURY	Tale How Indiany Occur	RRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
OR CONTRIBUTION CAUSE OF DE	110110 4 11 11011711 04		KRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		711 LOCATION		
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
AT WORK				
sow the deceased alive on	itol) ottended the deceosed from _	, and that in (my) (our) apinio		, 19, that (I) (we) lost
obove, (I) (wo) (did) (did) (275. SIGNATURE	I) view the body offer death	DEGREE	a decim occurred on the dote one no	77c DAVE SIGNED
278. SIGNATURE	Muse Roa	MATTENDING	MEDICAL STAFF	
27d. PHYSICIAN'S NAME (TYPE	Jum mai			April 9, 198.
Schule - Yun	n LiAO, MI	120 ADDRESS Rm	2	ed, center
Journe Indi		7,000	andr, Jawson	, Ma, 21204.
230 BURIAL, CREMATION, REMOVAL BURIAL	1 /4 = /==	IAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY	CITY OR TOWN	COUNTY
DOLLTU	-/ 17/07	TI. OTOM CHARLEKI	BALTIMORE CITY	MD.

DHMH-16 60M 1/73

(VRA 15(4))

14 FUNERAL DIRECTOR
NAME
WM. C. MARCH F/H

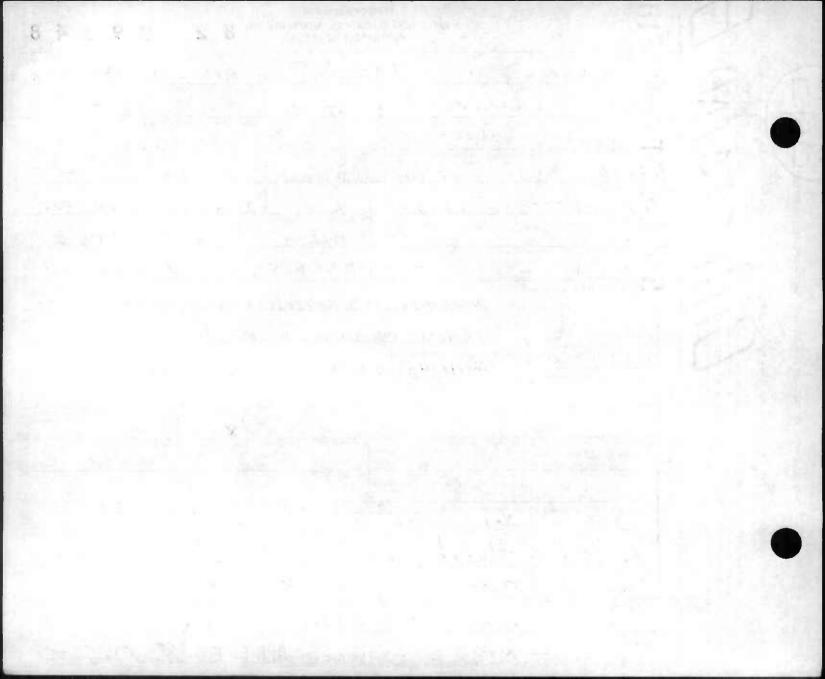
1101 E. NORTH AVENUE

BALTIMORE CIY. APR 12 1982

MD.

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		FOR	DEPA		E OF MARYLAND EALTH AND MENTAL HYG	IENE /> O	0 0 0 1 0
		STATE REGISTRAR			ICATE OF DEATH	REG. NO.	09048
EATO		CEASED NAME FIRST RONNEL	L R.	(TA	Y & Sarter	APRIL 1	, 1982 7:50P.M
(M)	3 SE	MALE	BLACK	S. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR FUNDER 24 MRS
recoth.		RTHPLACE (STATE OR FOREIGN COUNTRY)	O CITIZEN OF WHAT COUNTS	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	
ofter de y the fur ed within		TY OR TOWN OF DEATH	(JEMOT IN SUCH FACILITY, GIVE STE	SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
tilled in bould be fill	13a S	AL RESIDENCE (IF NURSING HOUSE) TATE	OTHER INSTITUTION GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	NFANT	12 - 1 416-
tely 2 sh			ADDLE LAST	70.	15 MOTHER'S MAIDEN NAM	ME MIDDLE	IDSON, AVE,
ond comple	16a V	Raymond VAS DECEASED EVER IN U.S. ARA (ES NO OR UNKNOWN) (18 YES, GIVE	MED FORCES? 16b SOCIAL SE WAR OR DATES)		17 INFORMANT	ADDRESS	TAYLOR
sicion of pers. Po		18 CAUSE OF DEATH (Enter onl	v ane cause per line far (a) (b)	andicii	HOSP. REC	opp - U.0	F HD. HOSP. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certifica ling phy rbanpal or remov tic event,		PART I DEATH WAS CALISED	CAUSE (a) PNEUHON	IK A	ND CONFEST	IVE HEART FAIL	
e offence move co nation, o		Conditions, it any, which gave rise to immediate		HO PU	LMONARY DY.	SPLASIA	LIFE
ed by the please re rial, crer		DUE TO, OR AS A CONSEQUENCE OF COURSE USE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00					
equire then price to bu	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing t</u>	O DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition (SIVEN IN PART 110
The low rection. The has bee sit permit grene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{D} \)
SICIANI graffication certification ento Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	IS PART LORPART 2)
officer officer ss fficer hotel	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE OF INJURY	CE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
rTENDIN spitol or STOR Affor use of Healt of Healt		220.1 certify that (I) (this haspite sow the deceased alive on_	40/			ta	, 19 8 2, that (I) (we) last nour and from the causes stated
TAL OR A by the hosy the hosy the hosy care a detoched total Dept.		Mary J.	attelet		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	17 DATE SIGNED 4.1.82
etoined by TO FUNER should be d with the Sta		1-0.0 11-3	GUTBERCET	-		RYLAND H	057.
	23a B	URIAL, CREMATION, REMOVAL BURIAL	23b DATE 23		urn Cemetery	23d LOCATION CITY OR TOWN Baltimore	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	William C. Marc	ADDRES	North .	8.0	R 5 1982 Res	ISTRAR'S SIGNATURE



1/				STATE OF MARYLAND		
16		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 REG. NO.	0 9 0 4 9
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
		George	e E.	Cuse	4 -	19-82 10 AM
	3 SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
		Male	Black	7 15 12	69 YR	
9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED KNEVER MARRIED	9 BALTIMORE CITY OR COU	
	N. 17	ryland	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	ity, Maryland
200		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h KIND OF BUSINESS OR
10	Ba	ltimore	- 1 1	nedical laster	Chaueffur	Westinghouse
50	130.	AL RESIDENCE (IF NURSING HOME STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS 2520	Druid Hill Av
27	Ma	ryland	Baltimo	ore YES NO [Baltimore, Ma	arvland 21217
	14. Fz	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME	44
96		George	E. Case	Sr. Elizabeth	n MIDDLE	Smith
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANTBalt:	imore ADDRESS Mo	d. 21217 Ave
/	1	YES, NO ORUNKNOWN) (IF YES, C	215-09-	1414 Mrs. Gerald		520 Druid Hill
		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and SED BY:	d (c).i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
even			SED BY: ATE CAUSE (o) Blood	en soplas	eal varice	21
OHIC		3715	DUE TO, OR-AS A CONSEQUE	NICE OF		
		Conditions, if ony, which	(16) Correa >	O Cardiar &	Mest	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
OTO		underlying couse last	DUE TO, OFT A CONSEGUE	//-/-//	ues	
nlury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110
ny injury, o	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
39	IFIC				IN CEI	RTIFYING CAUSES OF DEATH?
+	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	YES NO
0		OR CONTRIBUTING CAUSE OF D		Y YEAR	LES (ENTER MAIORE OF MAIORE MAINER	TO PART / ORPART 2)
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	21f LOCATION		
,	A.	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
		27n Leastifus that (I) (this has	plus intended the deceased from	March 9 1882	Apx 0-19	
		sow the deceased alive a	not view the body ofter death.	, and that in (my) (our) opinion o	teath arrange on the date and	how and from the source of the
		obove, (f) (we) (did) (did r	not we've the body ofter death.	DEGREE	/ / / / / /	22c. DATE SIGNED
Ė E		(). o	1,500	ATTENDING	MEDICAL STAFF	III. DATE SIGNED
		22d PHYLICIAN'S NAME (TYPE	OR ODINITY	PHYSICIAN [DIRECTOR PHYSICIAN	T 22/85
		//-	ILIK-	C (E C	a TRA	1 M - 1 . 2 -
	22- 1	U U U U AT	VW, NEED N	X, 61(2, 4#	75, -1,47	4/0/12/4750
	230	SURIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COLINES STATE
-	74 FI	Burial JNERAL DIRECTOR RAI-		w Cathedral Cem		
/81	11	NAME - DIFC	IMORE, ADDRESS A	I DE	REC'D BY REGISTRADING REG	CGO CONTRACTOR OF THE CONTRACT
	1/4	HER MANERA	L HOME 3035W.	NORTH AVE AFT	100 1000	4

The second second SEE SEE

15	1-	STATE REGISTRAR	DEPARTA		FICATE OF DEATH	IENE 8 2	0 9	9 0	5 0
death		CEASED NAME BECK	cha m	Ca	udill		4 21	YEAR 2	HOUR N
o age	3 SEX	Male	Cauc.	5. DATE (6 AGE (IN YEARS LAST BIRTH	YRS.	THS DAYS	FUNDER 24 HRS
WE	Mi.	RTHPLACE (STATE OR FOREIGN DUNTRY) SSOURI	U.S.A.	MARRIE WIDOW	ED DIVORCED	Baltimore city of Baltimor	e City	y .	MD
131	Ba	ltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Baltimore Ci	ADDRESS)		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Chipper	WORKING LIFE!	126. KIND OF INDUSTRY MD. Dry	
y filled in shauld be	13a. S Ma:	ryland Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW timore Eastwo	N _	134. INSIDE CITY LIMITS? YES NO THER'S MAIDEN NAM	13e. STREET ADDRESS 7313 Str	atton	Way	
ompletely and 2 sh		THER'S NAME FIRST Watson	Caudil		Elizabet	MIDDLE	4	Berry	
rs. Pages I		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES. GIV NO	E WAR OR DATES)		Fannie E. C	AD975		rattor	
igned by the attending physical please remove corban pages temove corban pages to burial, cremation, ar remove ury, ar other traumatic event	Z	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse lost.	nly ane cause per line for (a), (b), and ED BY. TE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	dial info	arctime disease or contents	21 e	IN PART 1(a)	
has been s i permit. The ene priar to aws any inji	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		/ERE FINDING	
certificate rial-transition ental Hygis Hem 18 sh		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCURR	PED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2	
os the but th and Mu arked ar	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.]	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
DIRECTOR: A packed for use Dept. of Heali If Item 21 is m		sow the deceased alive or	ortical) oftended the deceased from 19 artiview the body afterdeath.	My want	nd that in (a) (our) opinion of DEGREE ATTENDING	MEDICAL STAF	F		
TO FUNERAL should be det		22d. PHYSICIAN'S NAME (TYPE)	prigrinti) hatham	///	22e ADDRESS	North P		1. , Bo	1/1, m
F 4 3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE

Oak Lawn

Dundalk, MD. 21222

Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADD 2.3 1082

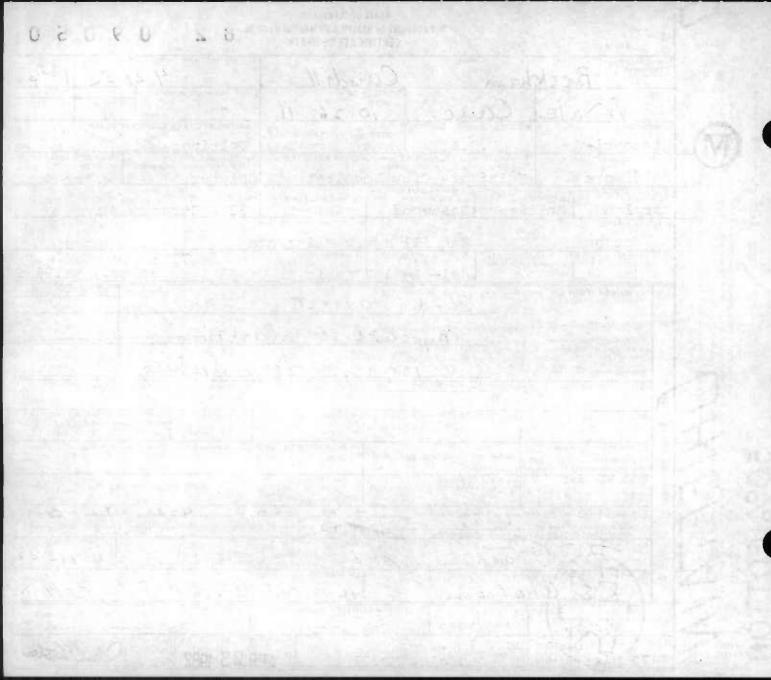
STATE OF MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4)) Burial

7922 Wise Avenue

24 FUNERAL DIRECTOR Duda-Ruck, Inc. DRESS

4/24/1982



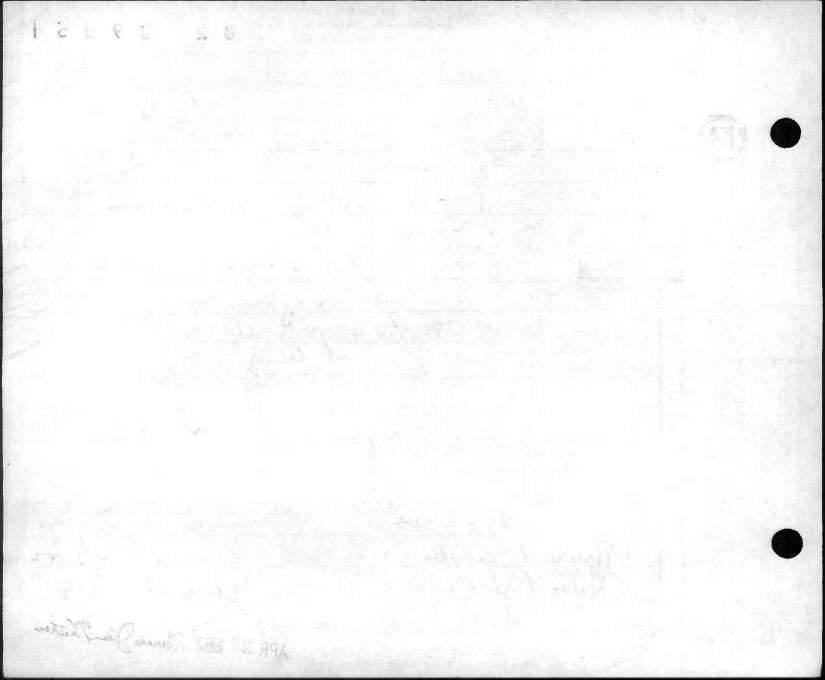
ctor, page 3 ofter death

STATE OF MARYLAND

		STATE OF MARYLAND				
FOR 1 - STATE	DEPA	RTMENT OF HEALTH AND MENTAL F	TYGIENE Q 9	0051		
REGISTRAR		CERTIFICATE OF DEATH	0 2 0	, 0 3 1		
T. DECEASED NAME FIRST	MIDOLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR TO HOUR		
(TYPE OR PRINT)		Chambers		5 1982 26 HOUR		
Themon	James	Chambers	4 2	J 1982		
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
male	black	5 4 1916	65 YRS	MONTHS DATS HOURS MIN.		
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY	OFDEATH		
N.C.	USA	MARRIED X NEVER MARRIED	Baltimore city			
		WIDOWED DIVORCED	U L	MD.		
10 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY		
Baltimore	2022 Linden	Avenue	TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY		
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)				
130 STATE 13b CC	DUNTY BALLING	OWN 134 INSIDE CITY LIMITS				
	Parcino	AE2 X NO	2022 Linden Av	enue		
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN				
Bernard	Chan	bers Lillie	WIDOLE	LAST		
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS			
	GIVE WAR OR DATES		Mitchell 2022 Lind	en Avenue		
163	240 20	JOOT DESSIE I.	miconeri zozz zine			
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b)	, and to the	1	BETWEEN ONSET AND DEATH		
PART 1. DEATH WAS CAU	JSED BY.	rhour - u.s.	hand been			
11 a mmed	IATE CAUSE (o)	7	1000			
1629	DUE TO, OR AS A CONSE	QUENC! OF	-0100 cn			
Conditions, if ony, which	(1b) ~	laure to oa	care comes			
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OHENICE OF		11		
underlying couse lost	DOE TO, OK AS A CONSE	SOLINCE OF SA	ing			
DADY O CYLIST CICALISIS	, (0)		A			
	I CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	ERMINA LISEASE OR CONDITION GIV	EN IN PART 100		
190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING						
5 190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?		
E .			and the state of	S NO NO		
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 P			
OR COLUMNIC COLUMN		DAY YEAR	The same of the sa			
S (IF EITHER NOTIFY MEDICAL EXAM	INER) P.M.	19				
(IF EITHER NOTIFY MEDICAL EXAM)	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	21f LOCATION	CITY OR TOWN	COUNTY STATE		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFF	ICE, FARM ETC.)	3			
	spital) attended the deceased fro	3/39/82 10 8	2 10 4/10	19.8 2., that (I) (we) lost		
sow the deceased alive		om C-3	ion death occurred on the date and hou	thor (I) (we) lost		
above, (1) (we) (did) (did	not) view the body ofter death.	, ond that in (my) (our) opin	on death accurred on the date and hou	r ond from the couses stated		
226. SIGNATURE	10	DEGREE		TIL DATE STONED		
NAME	nd Lace als	ATTENDING PHYSICIAN		4/2/182		
22d PHYSICIAN'S NAME IN	NORTH TO BE	22e ADDRESS	DIRECTOR PHYSICIAN A	1 4000		
(3)	Malas 1.	11000	1 1 01 1	0		
Nous	no Jacous	200 Co	ren laven blid	21214		
230 BURIAL, CREMATION, REMOV	AL 736 DATE 2	3c. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION			
Burial	4/28/82	Eastview Memorial	Die Bult-	COUNTY		
24 FUNERAL DIRECTOR	1 4/20/02			A TENO		
NAME	ADDRE	55 37 43 4-1	ADD 27 1982 PRESIST	A STATE OF THE STA		
William C. M	arch F/H 1101 E	. North Avenue	ALIV TI 1992			

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-fronsit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If Item 21 is marked ar Item 18 shows any injury, or other traumatic



English French Holling Fre The state of the s

	FOR
1-	STATE
	REGISTRAR
000	FACED ALLA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	"	
	E-m	
	REG.	NO.

0 9 0 5 3

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10.		
1. DECEASED NAME MAB	EL	MIDDIL.	CHE	NOWETH	20. DATE OF DEATH		AY YEAR	2h HOUR
MARZ	~	4	CHEN	OWITH		04 06	8-2	5 PM
3. SEX		ite			6 AGE (IN YEARS LAST BE	RIHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	CAUC	451AN	614		7	7 YRS.	ONTHS BATS	HOURS MIN.
70-BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	U.S.	Α.	WIDOW		Baltimor	e City		MD
10. CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS OR
Baltimore		timore Ci		ospitals	Homemaker	OF WORKING LIFE	INDUSTRY	
JUSUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		No. of the last of			
Marvland	21411	Baltimo		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2000 Od	011 Azz	00110	
14 FATHER'S NAME			710	15 MOTHER'S MAIDEN NAM		EII WA	enue	Page 1
William	MIDDLE	Ch 1 1 a a a		FIRST	MIDDLE		LAS	
16g WAS DECEASED EVER IN U.S. A	RMED FORCES?	Chilcoa		Emma 17 INFORMANT	ADDR	ESS	Parso	
	IVE WAR OR DATES)			-				and, Md.
No		219-42-1		William L.	O'Keefe 17	03 Wall		
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per SED BY:						BETWEEN	MATE INTERVAL ONSET AND DEATH
IMMEDIA	ATE CAUSE (a)	CARDL	ODULM	WARY ARRES	7			
1991	DUE TO, O	R AS A CONSEQUÉ	NCE OF					
Conditions, if any, which	(b)_	SQU+Nº	us Co	IL CARCNOMA	۴			
gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF					
underlying cause last	((c)	SUPERIO	R b	YEWA CAVAL S	YNDROME		13	
PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 10	3
NO.								
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
<u>=</u>					YES NOT	YES	ING CAUSES	NO [
210. ACCIDENT WAS UNDERLYING	21b. TIME C		. WE LE	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJ	IRY IN ITEM IB PA	RT 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF D		M. MONTH DA	AY YEAR					
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	OWN	COUNTA	STATE
22a I certify that Othis has	oital) attended th	e deceased fram_	41	5/ 19 5-2	to 4/6	1	982	that (I) (we) last
saw the leceased alive a abave (II) we) (did) (did n				nd that in (our) apinion d	eath occurred on the d	ate and hour	and from the	couses stated
22b. SIGNATURE		arrar adam.		DEGREE			22c. DATE	SIGNED
Gordon	Richard	1		ATTENDING PHYSICIAN I	MEDICAL STA	FF CLAN FO	4/61	150
22d. PHYSICIAN'S NAME LIYPE				220 ADDRESS	JCTOK PHITSI	- A		
GORDON	RAPIMEL			Bulto Ciny	1 Hospital)		
230 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
Burial	4-9-1	982 E	Baltin	more National	Baltim	ore	COUN Mary	/land

DHMH - 16 50M 1/81 (VRA 15, 4)

and Mental Hygiene priar ta burial, crematian,

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Maryland APR 12 1982

NAME OF THE OWNER, TO

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numeral discussion and the promise of the second

urs. I urs. I lalsbore kusto ni Brose vis den In ora con huca Monson Pursual hore, Inc. Mo son, Explana PPR hall FOR

- STATE

I. DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

JEROME

n 100 h 3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE LIN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24:
MI	M	ω	MONTH DAY YEAR 05 26 46	25	MONTHS BATS HOURS A
83	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED X	9 BALTIMORE CITY OR CO	
38	BACTIMONE	(IF NOT IN SUCH EACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12 COMSESSIVE LA	126 KIND OF BUSINESS INDUSTRY
	30. STATE BE		N 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS 220 FELTO	ON RD.
030	FATHER'S NAME FIRST FROME	NINI CHEERY	Sr. GLORI	→ K.	> Miles
e medicol	(YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECT GIVE WAR OR DATES) etnam 153-34	1.8860	Cherry Sr.	220 Felton Ro
or, cremonon, or removor other troumotic event	PART I. DEATH WAS CAU	DUE TO, OR AS A CONSEQUI	iorespiratery. Ence of Bleed		E MUS
was only injury.	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES TO NO TO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ZENIN	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN IT	
or neorn	220 I certify that (I) (this has	pitol) oftended the deceosed from _ on1/819_& not) view the body ofter deoth.	2.0	Z_, to 4/18 n death occurred on the date or	, 19_82, that (I) (we) and hour and from the causes stated
Stote Dep		ull no	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	21 PATE SIGNED 2
PORTA	()	B. WILLS MC	22 S. (Greene St. B	ATTIMUM MO

23b. DATE

4-22-82

John C. Miller Inc. 6415 Belair Rd

STATE OF MARYLAND

CERTIFICATE OF DEATH

231 NAME OF CEMETERY OR CREMATORY

Jr.

CHERRY

26 HOUR

456

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 min

STATE

220 Felton Rd.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

MONTH

REG. NO

20 DATE OF DEATH

41

Crownsville Nat. Crownsville A

23d LOCATION

82, that (1) (we) lost

DHMH - 16 50M 1/B1 (VRA 15, 4)

428 27 1902 Thomas J. Clar.

n signed by the offending physicion and completely filled in by the fu. Then please remave corbanpapers-Pages I and 2 should be filed withi

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1			STATI	OF MARYLAND			
1	1	FOR STATE	DEPAR		EALTH AND MENTAL HY	GIENE 8 9 O	9 0 5	5 5
2		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	, , ,	, 4
/		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 H	HOUR
10		EDNA	NWI	CH	OICE	4 - 2	2-82	5PM
BL)	3 SE	X 4.	RACE 2	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		NDER 24 HRS
		F	13	MONTH	25 17	65 YRS	NONTHS BATS HOU	MIN.
-	10 B	IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
35	1	BALTIMORE, M.	O. USA	WIDOWE		BALTIMOR	E CITY	MD.
Par		ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUS	
28	-	BALTIMORE	UNIVERSIT	y Ho:	PITAL	TYPE OF WORK FOR MOST OF WORKING LIF	A /	ONE
20	130	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
E		MD	BAL	TO	YES NO		ER AUE	NUE
E C	14. F/	ATHER'S NAME FIRST MIDI	DIE . LAST		15. MOTHER'S MAIDEN NA	ME	a N	- 3
EL	17	HEODORE	BLACKU	ELL	SADIE	MIDDLE	DAY	
a l		WAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES, GIVE W	10.000.000	CURITY NO.	17 INFORMANT	ADDRESS		
a l		NO	217-20	0-16	36 Emory Ch	oice 2310 Whittie	er Avenue	
+ +		18 CAUSE OF DEATH :Enter only of	one cause per line for (a), (b),	and (cl.)			APPROXIMATE IN	NTERVAL AND DEATH
even		PART I. DEATH WAS CAUSED B	AUSE (0) DEH	YORA	TION		5doi	15
ofic		1830	DUE TO, OR AS A CONSEC					
E O		Conditions, if ony, which	(b) GMAR	MARI	CANCER 1	BOWEL OBSTRUCT	ON 150	laus
		gove rise to immediate cause (a), stating the	DIJE TO OR AS A CONSEC	LIENICE OF			1.1	10
to t		underlying cause last.	(c)	VARII	IN CANCE	R	14 mo	ntas
, o		PART 2 OTHER SIGNIFICANT COM				INAL DISEASE OR CONDITION GIV	EN IN PART 110	
5	o o	The second						
Sony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED		, WERE FINDINGS U	
200	F					YES NO YES		CAILL!
G		OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART OR PART 2)	
E /	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
ō	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
o ke		AT WORK NOT WHILE			1			
E S		22a.1 certify that (1) (this hospital)		C-1	17 19 82	10 4/20	19 8 2-, the	(we) last
17 1		sow the eceased alive an obov. (I) (we) did) (did nat) vi	ew the bady after death.	82,00	d that in my (aur) opinion	death occurred an the date and hour	and from the causes	stated
Te Te	-	22b. SIGNATURE		C	PEGREE		221 DATE SIGNE	ED
-		Mules	(ph)	M	.O , ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/2/	82
¥ 1		22d. PHYSICIAN'S NAME (TYE OR PR	INT)		22e ADDRESS		11-1	
		M. HYGUN	M.P.		UNIV Ho	SP BALTA ME	2	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

William C. March F/H 1101 E. North Avenue

4/7/82

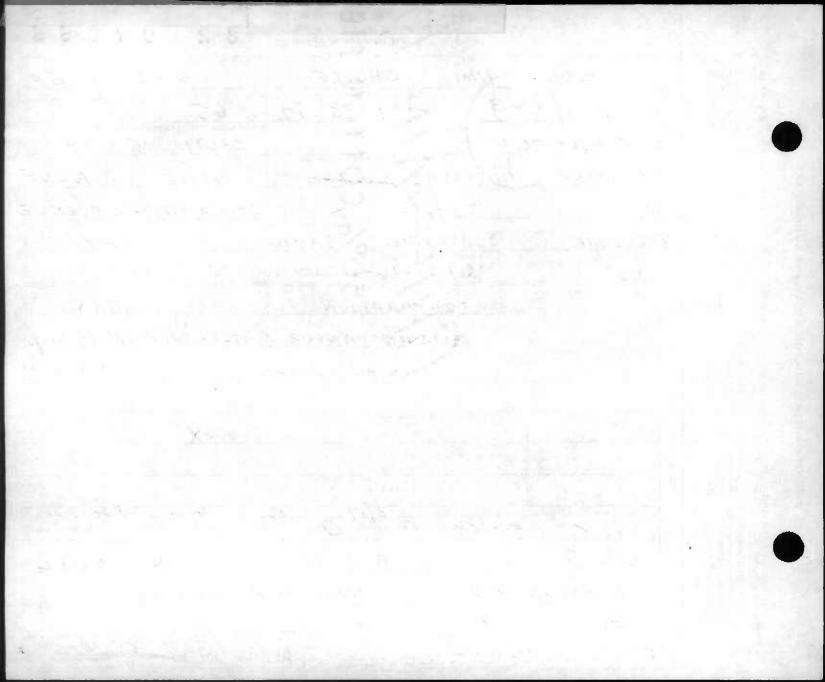
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

23d LOCATION CITY OF LOWN Arundel Cedar Hill Cemetery Anno Aluxander 1256. Date RECD. BY REGISTRAR APR 5 1982 home Signingre

COUNTY

Md



/1	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE		TIFICATE OF DEATH	8 2 REG. N			
/		E OR PRINT)				20 DATE OF DEATH	MONTH DA		26 HOUR
	3 SE	7	A RACE		TE OF BIRTH	6 AGE IN YEARS LAST BE		F UNDER 1 YEAR	IF UNDER 2
1	0 02	mne		MC	ONTH DAY YEAR	60		ONTHS DAYS	HOURS
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		9 BALTIMORE CITY C	OR COUNTY O	DEDEATH	
3/		W. VA.	USA	MAR WIDO	RIED NEVER MARRIED DIVORCED			CITY	
	NOC	ITY OR TOWN OF DEATH	11. NAME OF HOSE		NE OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF	F BUSINES
		BALTO	CITY			AUTO - M		INDUSTRY	UTO
	USU.	AL RESIDENCE (IF NURSING HO			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			010
		w. A	BALTO	DUNDALI	YES NO D		SHNO	OD R	D.
	14 FA	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA			LAST	
50		YAR DEN	W	CHUMLE		A			NY
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO	17 INFORMANT	ADDR			
2		YES V	NWII 2	36-28-307	13 LUE E. CHO	UMLEY &	225 A	SHWOO	DO R
- 1		86/8		A CONSEQUENCE OF				1777	
		Conditions, if ony, which gove rise to immediate cause 10, stating the	(b) 5°		TONITIS 20 \$ 1	"EXFORATED	GUT		
		gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	TONITIS 20 PO /			NA PART N	
	NOI	gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	TONITIS 20 \$ 1			N IN PART I I O	
	ICATION	gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS (c) TOO DITIONS CONTR	A CONSEQUENCE OF	TONITIS 20 PO /		DITION GIVEN	WERE FINDIN	GS USEI
7	RTIFICATION	gove rise to immediate couse los, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS (c) TOO DITIONS CONTR	A CONSEQUENCE OF	TONITIS 2º 10 /	IN AL DISEASE OR CON	DITION GIVEN	WERE FINDIN	GS USEI OF DEAT
7	. CERTIFICATION	gove rise to immediate couse loss stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS (c) TOODDITIONS CONTR 196 CONDITION 216 TIME OF INJ	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 1714 HOW INJURY OCCURS	INAL DISEASE OR CON 20e AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	GS USEI OF DEAT
7		gove rise to immediate cause ios, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITTER NOTIFY MEDICAL EXAM	DUE TO, OR AS (c) NT CONDITIONS CONTR 196 CONDITION DEATH HOUR A.M. HOUR A.M. P.M.	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURR 9	INAL DISEASE OR CON 20e AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	GS USE
7	MEDICAL CERTIFICATION	gove rise to immediate couse lost stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM.) 21d. INJURY OCCURRED	DUE TO, OR AS (c) JT CONDITIONS CONTR 196 CONDITION 216, TIME OF INJ HOUR A.M. P.M. 216 PLACE OF IN	A CONSEQUENCE OF	FEBUT NOT RELATED TO THE TERM TION WAS PERFORMED 216 HOW INJURY OCCURR 1211 LOCATION	INAL DISEASE OR CON 20e AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USEI OF DEAT
7		gove rise to immediate couse ios, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ALL WORK NOT WHILE ALL WORK	DUE TO, OR AS (c) TOONDITIONS CONTR 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 216 TIME OF INJ 106 PLACE OF IN 141 MOME STREET FA	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM FION WAS PERFORMED 21c HOW INJURY OCCURS AR 9 211 LOCATION STREET	TOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDIN MG CAUSES (1 1 OR PART 2) COUNTY	GS USE OF DEA
7		gove rise to immediate couse loss, stating the underlying cause loss. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WMIE NOT NOT WHITE AT WORK 22a.1 certify the (1) his he	DUE TO, OR AS (c) TOONDITIONS CONTR 196 CONDITION DEATH HOUR A.M. 216 PLACE OF IN LAT HOME STREET FA aspital) attended the dec-	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 216 HOW INJURY OCCURE AR 9 211 LOCATION STREET 19 F2	TOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES (GS USE OF DEA' NO
7		gove rise to immediate couse ios, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19g. DATE OF OPERATION 71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHETTER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this has say the deceased alive obove (1) well failed in the o	DUE TO, OR AS (c) TOONDITIONS CONTR 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 216 TIME OF INJ 106 PLACE OF IN 141 MOME STREET FA	A CONSEQUENCE OF	SUT NOT RELATED TO THE TERM FION WAS PERFORMED 21c HOW INJURY OCCURR 21 LOCATION STREET 21 (aur) opinion of	TOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFYI YES	COUNTY	GS USEI OF DEAT NO
7		gove rise to immediate couse ios, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORE	DUE TO, OR AS (c) 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 PLACE OF INJ 197 PLACE OF INJ 198	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 HOW INJURY OCCURR AR 9 211 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO RED). 10 4/2/ deoth occurred on the di	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR	WERE FINDIN NG CAUSES (COUNTY COUNTY 222. 11 272. DATE S	GS USEI OF DEAT NO C
7		gove rise to immediate couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) this has saw the deceased alive obove (II) well did it. 22b. SIGNATURE ALWARE ALWA	DUE TO, OR AS [c] NT CONDITIONS CONTR 196 CONDITION 196 CONDITION 106ATH HOUR A.M. P.M. 216 PLACE OF IN AND HOME STREET FA 235pital) attended the decon 2421 2441	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 211 HOW INJURY OCCURS AR 9 211 LOCATION 5TREET Ond that (Cur) (our) opinion of DEGREE ATTENDING PHYSICIAN	TOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	COUNTY	GS USEI OF DEAT NO S ouses sto
7		gove rise to immediate couse lost, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM 21d. WORK NOTIFY MEDICAL EXAM 22d. Certify that (II) this has saw the deceased alive above (II) well failed like 27b. SIGNATURE 22d. Part SIGNATURE	DUE TO, OR AS [C] NT CONDITIONS CONTR 196 CONDITION [DEATH HOUR A.M. HOUR A.M. P.M. 216 PLACE OF IN INTERNITY PARTIES ASSISTED ASSIST	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM FION WAS PERFORMED 21c HOW INJURY OCCURS AR 9 211 LOCATION STREET Ond that (1) (our) opinion of DEGREE ATTENDING PHYSICIAN 22c ADDRESS	TO AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT AUTOPS OF TO AUTOPS OT TO AUTOPS OF TO AUTOPS OF TO AUTOPS OF TO AUTOPS OT TO AUTOPS	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDIN NG CAUSES (COUNTY COUNTY 222. 11 272. DATE S	GS USEI OF DEAT NO S ouses sto
7	MEDICAL	gove rise to immediate couse ios, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19g. DATE OF OPERATION 11g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETIMER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that (1) this has an the deceased live obove (11 we) fidd licit of the company of th	DUE TO, OR AS (c) NT CONDITIONS CONTR 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 216 TIME OF INJ HOUR A.M. 216 PLACE OF IN 121 HOME STREET FA 25spital) attended the decon 35spital) attended the decon 421 21 natiview the body after 22 Lack 24 Lack 25 Lack 26 PRINT)	A CONSEQUENCE OF	FERUTINOT RELATED TO THE TERM FION WAS PERFORMED 216 HOW INJURY OCCURR AR 9 211 LOCATION STREET 19 22 Ond that (D) (aur) opinion of PHYSICIAN 122e ADDRESS BALTOMACE	INAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTERNATURE OF INJU CITY OR TO deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDIN NG CAUSES (COUNTY COUNTY 222. 11 272. DATE S	GS USEI OF DEAT NO C
999	MEDICAL	gove rise to immediate couse lost, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM 21d. WORK NOTIFY MEDICAL EXAM 22d. Certify that (II) this has saw the deceased alive above (II) well failed like 27b. SIGNATURE 22d. Part SIGNATURE	DUE TO, OR AS (c) NT CONDITIONS CONTR 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 216 TIME OF INJ HOUR A.M. 216 PLACE OF IN 121 HOME STREET FA 25spital) attended the decon 35spital) attended the decon 421 21 natiview the body after 22 Lack 24 Lack 25 Lack 26 PRINT)	A CONSEQUENCE OF	F SUT NOT RELATED TO THE TERM FION WAS PERFORMED 21c HOW INJURY OCCURS AR 9 211 LOCATION STREET Ond that (1) (our) opinion of DEGREE ATTENDING PHYSICIAN 22c ADDRESS	ZOO AUTOPSY? YES NO RED (ENTERNATURE OF INJU CITY OR TO MEDICAL STA DIRECTOR PHYSIC 23d LÖCATION CITY OR TOWN	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDIN NG CAUSES (COUNTY COUNTY 222. 11 272. DATE S	GS USE OF DEA' NO [

the second second of the second secon

350 82 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MALE WHTTE 3-29-1907 Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WEI NEW YORK BALTIMORE 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY retired Bas & Elec. MARCY 13e STREET ADDRESS 3418 mone MIDDLE IN U.S. ARMED FORCES LYES NO OR UNKNOWN 060-10-3609 Charles Ciavirella (brother no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Conditions, if onv. which couse (o), stoting the underlying couse lost DIVISION OF VITAL RECORDS. CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSY'S 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT Hygi 23a: ACCIDENT WAS UNDERLYING: [17] 216 TIME OF INJURY 8 HOUR A.M. MONTH OF CONTRIBUTING [] CAUSE OF DEATH MEDICAL EFFERRER NOTEY WEDICALERAMINER 214 INJURY OCCURRED THE LOCATION 0 THE PLACE OF INJURY OFFICE TOWN INT HOME STREET FACTORY OFFICE FARM ETC I notweat [AT INCOME. 22h SIGNATUR DEGREE ATTENDING O FUNERAL DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 7/82 Balto. Cremation Greenmount

²⁴ FUNE AND SEED THE PORT OF SEED THE SEED THE

FOR

I DECEASED NAME

REGISTRAR

- STATE

(TYPE OF PRINT)

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

Co.

Md.

20 DATE OF DEATH

1 5 U S O C 7 8 SERVICE TO S TO 2 1 Life Edition of the Control of the C E CANADA CONTRACTOR DE LA CONTRACTOR DE ELECTION OF THE STATE OF THE ST Fring String Los The same of the sa The same of the sa 2 10 - 20 - 1 LAPPLE TO THE PROPERTY OF LINEAR DESIGNATION 198 21 1982 money See 25 m

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eshould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, to

IMPORTANT: If them 21 is marked at Pem 18 shaws any

8728 Liberty Rd. Randallstown, Md. 21133

death. Page 4 may be.

Ų		FOR	DEPARTMENT OF HEALTH A		0 0 0	0 0	E* 0
	1	- STATE REGISTRAR	CERTIFICATE		REG. NO.	9 0	2 0
1		CEASED NAME ANASTASIA MOCI	MA Cilla	26. DAT			HOUR
	3. SEX	RACE LA	5 DATE OF BIRTH	TAN YEAR			UNDER 24 HRS
¥	Za. Eli	female The CHIZEN OF WHA	IT COUNTRY? II.	09 9 BALT	IMORE CITY OR COUNTY	OF DEATH	
B	51	Salt. Md. Usi	MARRIED NE	DIVORCED	Balt. Ci	ty	MD
?	in èi		PITAL NURSING HOME OR OTHER		WAL OCCUPATION WORK FOR MOST OF WORKING LIFE	126 KIND OF BUINDYSTRY KerNa	
5		STATE TO STATE OF THE	residence before admission) CITY OR TOWN Baltimore YES		SYZ Ingle	side H	Twe.
9	14. FA	Frank God	Jast . Is MOT	CHERS MAIDEN NAME	Deluc	-d last	
7		VAS DECEASED EVER IN U.S. ARMED FORCES? 166	17 117 6/71	ter Cimbolo Bo	42 Ingléside	Ave. 21207	
		underlying couse last (c)	A CONSEQUENCE OF	olm CA	91.		
	TION	rone	<u>RIBUTING TO DEATH</u> BUT NOT REL	ATED TO THE TERMINAL DIS			
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION	n for which operation was p	PERFORMED 200 A	IN CERTIFY	WERE FINDINGS VING CAUSES OF I	USED DEATH?
7	MEDICAL CE	216. ACCIDENT WAS UNDERLYING	MONTH DAY YEAR	W INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)	ali
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF IN (AT HOME STREET FA	ACTORY OFFICE FARM, ETC.)	CATION STREET	CITY OR TOWN	COUNTY	STATE
		226.1 certify that (1) (this hospital) attended the decision with deceased alive an above, (1) (we) (did) (did not be iew the body after	3 19 2 and that in	(my) (aur) apinian death acc	curred on the days and hour		(I) (we) last es stated
		22b. SIGNATURE FIRM	DEGREE		CAL STAFF	4/23	1/2
		22d. PHYSICIAN'S NAME (TYPE OR PRA)	Tuy 22e. AD	Chin. of	and. He	Sp.	1
		SPECIFY) Burial 23b, Date 4/26/8	2 Lorraine Po		OCATION NOOdlawn Bal	to: MI	D STATE

256 REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

The state of the s The second secon

death o

ATTENDING PHYSICIAN:

tely filled in by the funeral director, should be filed within 72 hours after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2 REG NO.	0	9	0	5	1
	REG NO.					

L	- STATE REGISTRAR			CERTIFIC	ATE OF DEATH	REG	S NO.	0 9 0	2 4
	PECEASED NAME FIRST LUIG	INA	MIDDLE	CIL	IRCA	2e DATE OF DEAT	H MONTH	6-82 5:	P
3 S	Female	4 RACE White		DATE OF	BIRTH DAY 1898	6 AGE (IN YEARS LAS	T BIRTHDAY) YRS	MONTHS DAYS HOUR	DER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	Baltimore Cit	Y OR COUNT	Y OF DEATH	MD.
10	Baltimore		HOSPITAL, NURSING THE ACTUAL NURSING NURSING			17a USUAL OCCU (TYPE OF WORK FOR A) Retired	OST OF WORKING LI		INESS OR
13a	UAL RESIDENCE (# NURSING HOME STATE 136 COL	OR OTHER INSTITUTION JNTY	Give residence before ad 13c. CITY OR TOWN Baltimor	§ 13	34 INSIDE CITY LIMITS?	130 STREET ADDRE 3607 Ha	ss rford R	ed.	
14.1	FATHER'S NAME Michael	Angelo	Agro	1	Bridgett	WE	LE	Russo	
16a	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (# YES, GI	RMED FORCES?	146 SOCIAL SECURIT 215-03-65		n informant Mr Joseph J		ODRESS 3613 Ba		
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, O (b) DUE TO, O (b) DUE TO, O	R AS A CONSEQUENCE	CE OF	gram &	yners	me	APPROXIMATE PATRICE AT MITTER ONSET A	yre.
CERTIFICATION	PART 2 OTHER SIGNIFICANT		ITION FOR WHICH OF			200 AUTOPSÝ?	20h. IF YE IN CERTI	S, WERE FINDINGS U	
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MED	214 INJURY OCCURRED WHRE AT WORK AT WORK		REET, FACTORY, OFFICE, FARM	A, ETC.]	H LOCATION STREET	da	RTOWN	COUNTY	STATE
	224 PHYSICIAN'S	on freezell on the body	25 19 18	DE M	that in (my) (our) opinion of GREE ATTENDING PHYSICIAN 120 ADDRESS	-/	STAFF		
	Grafton W. H	lersperge	•		214 Medical		llding		
L	BURIAL, CREMATION, REMOVA (SPECKY) Entombment FUNERAL DIRECTOR	236. DATE 4/10	1320		ACTERY OR CREMATORY ACTERNATORY 258. DATE	234 LOCATION CITY OR TOWN Baltin	ore, Ma	COUNTY TYland JRANS	STATE

DHMH-16 25M (VRA 15, 4) 1/79

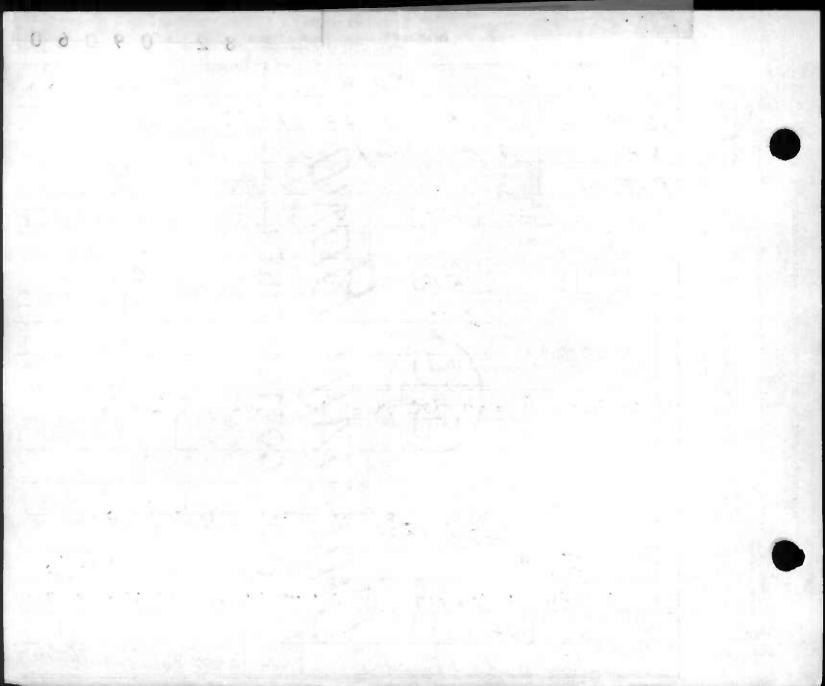
IU FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Prwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, FOR

Leonard J. Ruck, Inc. Baltimore, Maryland

APR 12 1982 Theme goods

1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGIENE	8 2 REG. NO.	09060
	ECEASED NAME FIRST	i M Cark	20 C	DATE OF DEATH MONTH	DAY YEAR 26 HOUR
) [Temale	1. RACE S. DATE OF BIRTH MONTH 2	3 YEAS 6. AC	GE (IN YEARS LAST BIRTHDAY) 76 YR	MONTHS DAYS HOURS A
\$3	BIRTHPLACE (STATE OR FOREIGN	WIDOWED	DIVORCED	Cutty OR COU	
461	Bittement	11. NAME OF HOSPITAL, NURSING HOME OR OTHER (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) There are the such facility of the street address)		USUAL OCCUPATION E OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS INDUSTRY
35 130	mali Ba	ettmas City YES	NO D	STREET ADDRESS Da	Kelan UST
500	S/MON	MIDDLE BANKS	REPOSIC	MIDDRE	STREET
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, G)	VI 1111 00 0 1101	ILIAM CLAR	ek 816	Oooks LA
injury, or other traumotic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR COMPINION	GIVEN IN MART TO
FICAT	1% DATE OF OPERATION	19h. CONDITION FOR WHICH OPERATION WAS P		ES NO	YES WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR R) P.M. 19	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CATION	CITY OR TOWN	COUNTY STAT
21 is m	saw the deceased alive or	oitol) ottended the deceased from	(my) (our) opinian death	accurred on the date and	haur and from the causes state
Z Fe	22b. SIGNATURE	DEGREE	PHYSICIAN DOTR	MCAL STAFF ECTOR PHYSICIAN	22c. DAVE SIGNED
MPORTANT	22d PHYSICIAN'S NAME AND A	NYUNT	LUTHI	ERAN	HOSPIT
_ Z3a.	BURIAL, CREMATION, REMOVAL	236. DATE 1 236 NAME OF CEMETERY 4/5/82 KING. F	PARK		COUNTY Md STAT
24	FUNERAL DIRECTOR		25. DATE DEC	D. BY REGISTRAR 25h, REC	THE PARTY OF THE P

STATE OF MADVIAND



15M 2/80

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 0 2 7 0 ALK TO BES Thomp Jan January

2 22	3, 58	X A	4 RACE	5. DATE OF BATH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR FUNDER 24 HRS
(mg)		V	Norco	5 08 22	59	MONTHS DAYS HOURS MIN.
A LAND	124	RTHPLACE ISTATE OF ICHIGH	76. CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OF COL	
10.00	12	popoke Va	LISA	MARRIED NEVER MARRIED WIDOWED DIVORCED	14 11 5	note City MD
611112	14	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5 5 57 17	1	Salto.	IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)	(TYPE of WORK FOR MOST OF WORK	ING (IFE) INDUSTRY
212	Just	ALRESIDENCE IF NURSING HOUSE	DITHE INSTITUTION GIVE RESIDENCE BEFOR		1 Comes/	
ON A ST BS	1	MA MCOUN	13c. ODY OR JOY	YES NO NO	5229 CHLL	ent Ane.
	11/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		. 1 1
W 1 1300	13	obert	MIDDLE	Mattie	WIDDIE	Headerson
MORE, and co Pages I		WAS DECEASED EVER IN U.S. AR	E WAR OR DATES		ADDRESS	2 11 1 1
		No	228-26	-8233 Yaron (lay 5229(-uthbert Ave
fr., BALT		18. CAUSE OF DEATH (Enter or	ly one cause per line for (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., ertific ng ph conpo		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0) MASSIVE	GHETROTHTESTINAL	BLEEDING	
ON or r		5712	DUE TO, OR AS A CONSEQU	ENCE OF		
dead dead		Conditions, if any, which	(16) RUYTU	LEK ESOLHABEAL	VARICES	
the the rem		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
that d by lease ial, cr		underlying cause last	(c)			
DS, 20 quires signed hen ple a buriq jury, a	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
ORD required to the selection of the sel	O.	440	WHOLIC CIRAGO	Ris I PORTAL 4	YPERTENSION	
RECORD I low requests been six been si	S S	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
N OF VITAL RI SICIAN: The ic ag physician. certificate has rial-transit per ental Hygiene, them 18 shows	CERTIFICATION	3 29	CARCINOMA	- OF COLON	YES NO	YES NO
DIVISION OF VITAL NG PHYSICIAN: The offending physician that this certificate has the burial-transit fit and Mental Hygier thand Mental Hygier and action of them 18 show and action of the 18 show and the properties of the prope		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D.	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M IS PART (OR PART 2)
N OF SICIA ng p certif midi-ti	S	(IF EITHER NOTIFY MEDICAL EXAMINER	****	19		
PHY PHY endir this e bu d M	MEDICAL	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	APM FTC) 21f LOCATION	CITY OR TOWN	COUNTY STATE
offer of the same	~	AT WORK NOT WHILE	The same of the sa	1		
rendil for an or			ral) attended the deceased from	45 -84m 1982	4 5 4315	1982 , that (1) (we) last
E 9 12 9 2		saw the deceased alive on above (1) And (did id	n view the body after death	and that in (my) to opinion	n death accurred on the date and	hour and from the causes stated
OR A be ha DIRE Dept f Herr		22b. SIGNATURE	(100)	DEGREE		22c. DAITE SIGNED
		/1/	bu 1111: 801	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	415182
		22d PHYSICIAN'S NAME (170)	R PRINT)	22e ADDRESS		
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote		A	LAN TELL	SINA! H	828.	
5 5 5 2 3 3	23a. I	BURIAL CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
7700 BP		Buria	4-10-82 H	enderson Cem.	CITY OR TOWN	5 rooke Va.
DHMH-16 50M 1/81	245	UNERAL DIRECTOR	ADDRESS	669-1738 250 DA	ATE REC'D BY REGISTRAR 75h AS	GISTRAR'S SIGNATURE,
(VRA 15, 4)	1	artiton C. Do	uglass 101:	2 Kinn Ave, A	PK 7 1982 A	HALL YEAR STATE OF THE PARTY NAMED IN
According to the second						· ·

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

5. DATE OF BRTH

REG. NO.

20. DATE OF DEATH MONTH

FOR STATE

REGISTRAR

1 DECEASED NAME

8 2 0 9 0 6 5 Standard Lakel There to the first and the No. 1 The secretary have the series that

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 2	0 9 0 6 4
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Otha	J.	Clemons	4 2	1 1982 M
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
male	black	9 10 1912	69 YR	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Rolfimoro	
Baltimore	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME () 130. STATE d	OR OTHER INSTITUTION GIVE RESIDENCE BEF JNTY 13 CITY OR TO Balti	ORE ADMISSION) OWN TO TE 13d INSIDE CITY LIMITS: YES NO	131 SIREEI ADDRESS S	t Apt Al
II. FATHER'S NAME Unknown	MIDDLE LAST	Sarah FIRST	NAME	Clemons
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE 237-22		emons 1405 Ar	gle Sea Apt Ti
	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONDITIONS CONTRIBUTING TO	onary // Perfer	ny Disease Sia- RMINAL DISEASE OR CONDITION (2 4/eas SIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{align*} \text{YES} \(TIMES OF THE STATE
OR CONTRIBUTING CAUSE OF D OF EITHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		DAY YEAR 19 211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2) COUNTY STATE
sow the deceased alive a	He Over	DEGREE ATTENDING		19 BE, that (1) (we) last nour and from the couses stated 22c. DATE SIGNED 4-22-82
230 BURIAL, CREMATION, REMOVA	23b. DATE 23 4/25/82	NAME OF CEMETERY OR CREMATOR Family Plot	Durham	N.C.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is morked or frem 18 shows

24 FUNERAL DIRECTOR
Wilhiam C. March F/H 1101 E. North Ave

Durham APR 23 1982

Wenty Kelay Fabruarion Consmary INCHAY DEPENSE 11/10x 10x 160 -- 12-2 -- 12 -- 12 -- 12 -- 12 -- 12 and the Children was a FLERGE IL CHERTE 1975 E FERGER IN MPR 88 1907 Am G - 25 MC

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dec retained by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e c
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Is retained by the haspital or attending physician.
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DHMH-16 30M 2/80 (VRA 15, 4)

oth. Page 4 may be

M.	DECEASED NAME (TYPE OR PRINT)	TAMIN COARD	20.	DATE OF DEATH MONTH	182 25. HO
3.	MALF	BIACK S. DATE O	F BIRTH 6. /	GE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER I YEAR IF UNDE
3	BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY? & MARRIED WIDOWEI	NEVER MARRIED X	Baltimore city or country	of DEATH and Cul
10	mary And	11 NAME OF HOSPITAL, NURSING HOME O	W) (T)	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSIN INDUSTRY
		REOROTHER INSTITUTION, GIVEN SIDENCE BEFORE ADMISSION) DUNTY 136. CITY OR TOWN BALLINUCF	YES NO 1	STREET ADDRESS (Lafa 40 W.Lafayett	yette Sq. e Ave.
JE 14	4 FATHER'S NAME FIRST UN Kn	MIDOLE LAST	15. MOTHER'S MAIDEN NAME FIRST KN		LAST
116	(YES, NO OR UNKNOWN) (HEY	ARMED FORCES? (GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 518 36 2421	17 INFORMANT	Sa Nusz	og Dona
	Conditions, if ony, whingove rise to immedia cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF)		Many
		NT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	l disease or condition giv	EN IN PART 1(0)
9	PART 2. OTHER SIGNIFIC	(c)	N WAS PERFORMED	20a. AUTOPSY? 20b. IF YES	EN IN PART 1(0) 5, WERE FINDINGS USE YING CAUSES OF DEA 5 NO [
1 30	PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	(c)	WAS PERFORMED	200. AUTOPSY? 20b. IF YES	S, WERE FINDINGS USE YING CAUSES OF DEA S NO
1 30	PART 2. OTHER SIGNIFICATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE	(c)	WAS PERFORMED	20a AUTOPSY? 20b IF YES IN CERTIF	S, WERE FINDINGS USE YING CAUSES OF DEA S NO
1 30	PART 2. OTHER SIGNIFICATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK 270.1 certify that (1) (this sow the deceased ali	(c)	211. LOCATION STREET 4 - , 19 d that in (my) (our) opinion deal	200 AUTOPSY? 200 IF YES IN CERTIFYES NO TEMPERATURE OF INJURY IN ITEM 18 P	COUNTY



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9		FOR
I.	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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	250 110

09066

	REGISTRAR				REG. NO			
	CEASED NAME FIRST William	n E.	Coart	s, Jr.	20 DATE OF DEATH Apr		,1982	2h HOUR 1:47p
3 SE	X Male	White	5. DATE O	• 5 , 1933	6 AGE (IN YEARS LAST BIRT	HDAY] IF	UNDER I YEAR	IF UNDER 24
1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIED WIDOWE	NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY C		
	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUR: (JENOT IN SUCH FACILITY, GIVE STR MarylandGene	reet ADDRESSI		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF ACCOUNTS)	ON WORKING LIFET		Deale
13a. S	Md. Carro	OTHER INSTITUTION GIVE RESIDENCE BEF 17Y 13; CITY OR TO 11 Finksbu:	1 NWC	13d INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS Su	ffolk	Road	
14. FA	William E	Coarts,	Sr.	15. MOTHER'S MAIDEN NA	Elean	or	Ct	rook
		MED FORCES? 166 SOCIAL SE E WAR OR DATES) 216-36-		17 INFORMANT Ralph Coart	14901 Hand Upperco, M		ke	
	No				opperco, M	d.		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (o), stating the	by one couse per line for (a), (b), D BY: E CAUSE (a) Myocard DUE TO, OR AS A CONSECT (b) Chronic DUE TO, OR AS A CONSECT DUE TO, OR AS A CONSECT	ial Inf	Failure	oppered; M	id.	APPROX BETWEEN	MATE INTERV ONSET AND D
MOIN	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C	by one couse per line for (a), (b), DBY; E CAUSE (a) Myocard DUE TO, OR AS A CONSECT (b) Chronic DUE TO, OR AS A CONSECT (c) Diabetes CONDITIONS CONTRIBUTING TO	ial Inf	Failure US NOT RELATED TO THE TERA	ain al disease or conc	DITION GIVEN	IN PART 1(0
RTIFICATION	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (ol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO.	Dy one couse per line for (a), (b), D BY; E CAUSE (a) Myocard DUE TO, OR AS A CONSECT (b) Chronic DUE TO, OR AS A CONSECT (c) Diabetes CONDITIONS CONTRIBUTING TO	ial Inf	Failure US NOT RELATED TO THE TERM WAS PERFORMED	AIN AL DISEASE OR CONE 200 AUTOPSY? YES \(\text{VO} \)	DITION GIVEN 20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED
SICAL CERTIFICATION	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT 25	DUE TO, OR AS A CONSECT OF TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR WHICH THE CONDITION FOR WHICH THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDIT	ial Inf	Failure US NOT RELATED TO THE TERM WAS PERFORMED 21c HOW INJURY OCCUR	AIN AL DISEASE OR CONE 200 AUTOPSY? YES \(\text{VO} \)	DITION GIVEN 20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	O NGS USED OF DEATH
MEDICAL CERTIFICATION	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO. 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING CO.	DUE TO, OR AS A CONSECT (a) TO BUT TO CONDITION FOR WHICH THE PROPERTY HOUR A.M. MONTH	ial Inf	Failure US NOT RELATED TO THE TERM WAS PERFORMED	AIN AL DISEASE OR CONE 200 AUTOPSY? YES \(\text{VO} \)	20b. IF YES, V IN CERTIFYII YES Y IN 11EM 18 PARI	WERE FINDING CAUSES	OF DEATH
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (ol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE S	DUE TO, OR AS A CONSECT (a) TO BY: E CAUSE (a) Myocard DUE TO, OR AS A CONSECT (b) Chronic DUE TO, OR AS A CONSECT (c) Diabetes CONDITIONS CONTRIBUTING TO THE CONDITION OF	ial Inf DUENCE OF Renal DUENCE OF Mellit O DEATH BUT OF CH OPERATION DAY YEAR 19 CE, FARM, ETC.) The April Maril No. 82 on	Failure SUS NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 17, 19, 82 d that in (mX (our) apinion	AIN AL DISEASE OR CONE 200 AUTOPSY? YES NOTO RED (ENTERNATURE OF INJUR CITY OR TOV	20b. IF YES, IN CERTIFYII YES	WERE FINDING CAUSES TI OR PART 2) COUNTY 82	NGS USED OF DEATH NO STA
	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT 25	DUE TO, OR AS A CONSECT (a) TO BY: E CAUSE (a) Myocard DUE TO, OR AS A CONSECT (b) Chronic DUE TO, OR AS A CONSECT (c) Diabetes CONDITIONS CONTRIBUTING TO BY THE CONDITION FOR WHICH (A) P.M. 21b. TIME OF INJURY (A) HOWE. STREET, FACTORY OFFICE (A) OTHER (A) TO BY THE CONDITION OF THE CONDI	ial Inf QUENCE OF Renal DUENCE OF Mellit O DEATH BUT (CH OPERATION DAY YEAR 19 CE FARM. ETC) The April 20 Maril 20 Mari	Failure US NOT RELATED TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUR 218 LOCATION STREET 17 19 82	AIN AL DISEASE OR CONE 200 AUTOPSY? YES NOTO CITY OR TOV TO APTIL death occurred on the do	20b. IF YES, IN CERTIFYII YES VIN ITEM IS PARI	WERE FINDING CAUSES COUNTY	NGS USED OF DEATH NO STA

DHMH - 16 50M 1/BI (VRA 15, 4)

retained by the haspital

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fashould be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Owings Mills, Md.

Woodlawn, Balto., Md. REGISTRAR HEGISTRAR'S SIGNATURE Marthan

APR 1 9

. . . Mitte How. 33, 1933 Accountent Latto Design No. Correll Makeburg . William E. Contin, Sr. Grace Simunor 216-34-Fore Rolph Cerrts Upwerce, He.

Agril 20, 13/2 woodlawn Temetory woodlawn, Halto. Mc.

owing with the All these

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filled in should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the Stafe Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

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X	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CHENE () ()	0 0 0	4 7
	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 9 0	0 /
	CEASED NAME FIRST ELS [E L.	COATES	PRI APRI	L 26, 1982	TAP
3 SEX	* Fenale	1 RACE NO DE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS H	UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR	14	
	ITY ON OWN OF DEATH BALT IMOLE CITY	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET MF L. LUTSLING)	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 12b, KIND OF B	MI USINESS OF
USU/ 170/s	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	ratogo St	ant:
14 FA	ATHER'S NAME	AIDDLE CASTLO	15. MOTHER'S MAIDEN NA	AME MIDDLE	/ STAST	130
	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIAL SECU	JRITY NO. 17 NEORMANT	icht 470 la	Scrahon S	7 9
	PART I. DE ATH WAS CAUSE		and Weart Wes	DOMO CH	APPROXIMA BETWEEN ONS	
	4/49 IMMEDIAT	DUE TO, OR AS A CONSEQU	ENCE OF	eur Cir	Tes	ars.
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEOU	ENCE OF			
NO	PART 2 OTHER SIGNIFICANTS	es Mellitus.	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	- 11 1 1 1 1	die
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		206 IF YES, WERE FINDING! IN CERTIFYING CAUSES OF YES	
CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	101	AY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM IB PART 1 OR PART ?)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, I	211 LOCATION	CITY OR TOWN	V COUNTY	STATE
		al) ottended the deceased fram	23 Was 8 2 , 19	death occurred on the date	, 17, mo	t/l) (we) lo
	22b. SIGNATURE	11 11	New DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		982
	E.G. BEK	CHAM M.D	BACTIA	TORE CITY	HOSPITAL	25
230 B	BURIAL, CREMATION, REMOVAL (SPECIE)	136 DATE / 82 B	NAME OF CEMPTERY OR CREMATORY alto. Vatil. Com	23d LOGATION/ Baltime	re county	Ud.
24 FU	Has. H. Powell	F/H 319 NORESS (Schrieder St. MA	TE REC'D. BY REGISTRAR 25	REGISTRANSSIGN	when

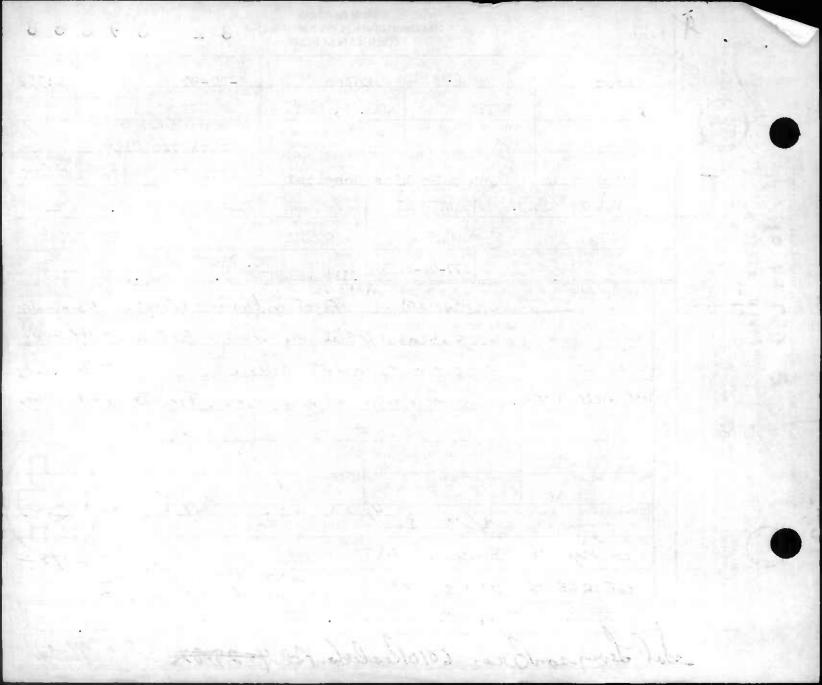
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death regulated by the haspital or attending physician.

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physican and completely filled in the time the should be detached for use as the billion transit permit. Then please remove carbon papers. Pages 1 and 2 than the brillion with the State Dept. of Health and Minital Hygiene prior to burial, cremation, or removal.

9	1.	FOR - STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	2 REG. NO.	0 9	0	6	8
0		CEASED NAME FIRST	MI	DDLE	l.	AST	2ª DATE OF	DEATH MONT	H DAY	YEAR	26 HOUR	5
		Aaron		В.		ohen	4-29				8:	25P
1	3 SE	X	4 RACE		5. DATE C		6. AGE INY	EARS LAST BIRTHDAY	IF UNDE	R I YEAR DAYS	HOURS	MIN.
1		MALE	WHITE		JAN	. 6, 1907 ^{EAR}			YRS			
35	BI	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		RECITY <u>OR</u> CO				MD.
33		BALT IMORE	(IF NOT IN SUCH)	ns Honk	cins	Hospital	12a. USUAL	CUTIVE	12b	KIND OF USIRY ARKI	BUSINES	OTS
35	11a. S	AL RESIDENCE (IF NUR DIG HOME OR STATE MARYLAND BAL	OTHER INSTITUTION G	IVE RESIDENCE BEFORE 30 CITY OR TOWN BALTIMOR	ADMISSION)	138 INSIDE ON LIMITS?	13 STREET .	SHELBUR	NE RD.		#212	08
ba	14. F.A	DAVID	MIDDLE	COHEÑ		15 MOTHER'S MAIDEN NAM	ME	MIDDLE	0	MANS:	KY	
medical	16a V	WAS DECEASED EVER IN U.S. AR YENOOR UNKNOWN) (IF YES, GIV	19311 0 00 0 1111 3	577-05-2		17 INFORMANT MR 3114 SHELBUR		NYE COH BAL	EN TO. M	D	2120	8
ws ony injury, or other froumotic e	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR, (b) DUE TO, OR, (c) CONDITIONS CON	d meta	NCE OF NCE OF SEATH BUT	11			ON GIVEN IN	FINDING	GS USED	H?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE		TURE OF INJURY IN IT		PART 2)	140	
rked by	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF		ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	co	UNTY	51	ATE
i if nem z i is ma		220. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	4/	19 8 tter death.		d that in (my) (our) opinion of the control of the	MEDICAL	d an he date or			ouses stat	re) lost ted
AFOR AN		226 PHYSICIAN'S NAME (TYPE OF		us'E, M	19	220 ADDRESS JOHN	SHOPK	MD HO	SPITA 2120	5		
-		BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL	MAY 2,	1982 BE	TH EL	MEM. PARK		ALLSTOW		LTO.	M	ATE D
51 •	So	Leven son	Breas	60/6	Res	lectar KOMA	La 2	TO DE TO SELECT	MCCO A	an	arth	N

DHMH - 16 50M 1/B1 (VRA 15, 4)



MORRIS MARVIN ONCO COHEN 3. SEX 1. RACE CAUCASIAN ALE CAUCASIAN AND THE COUNTRY BOOK OF DEATH COUNTRY OF TOWN OF DEATH 10. CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE 12. COHEN COH	THARYLAND TH AND MENTAL HYGIENE 8 2 0 9 0 6 9 TE OF DEATH	DEPARTMENT OF HEA	FOR STATE REGISTRAR	1.	1 TE
ALE CAUCASIAN MONTH DAY YEAR 71 KXX YRS. MONTHS DAYS HOURS PENNSYLVANIA USA MARRIED DIVORCED DIVORCED DIVORCED 10 CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FASHITY ON CETTREE DOSS'S) TAL (1) CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FASHITY ON CETTREE DOSS'S) TAL (1) CITY OR TOWN OF DEATH BALTIMORE (1) CITY OR TOWN OF DEATH (1) CI	COHEN	* MORRIS MARVIN	TYPE OR PRINTS		M
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BALTIMORE (IF NOT IN SUCH FASHING AFTREHOSSITAL (IT YE SALESMAN F WORKING LIFT) (IF NOT IN SUCH FASHING AFTREHOSSITAL (IT YE SALESMAN F WORKING LIFT) (IT YE SAL		IISA MARRIEDS		7= BI	75
SAMUEL SAMUEL		11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FASILY) NETTREE HOSPITA		10 CI	s offer by the filed will
SAMUEL COHEN FANNIE KATZ 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FANNIE KATZ 16. WAS DECEASED EVER IN U.S., ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT AND CONTROL ADDRESS.	No De City Limits? 130 6257 APPIMLICO RD. #21209	DUNTY GIVE RESIDENCE BEFORE ADMISSION)	MARY LAND 13b, COU	130	be be
15 % 8 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT		MIDDLE	FIRST	14_FA	mpletely and 2 sh
MRS. CAROLYN ROTHSTEIN [YES. NO TUNKNOWN] (IF YES. GIVE WAR OR DATES) 140-03-3461 3206. TIMBERFIELD 49. BALTO. MD 21208	MRS. CAROLYN ROTHSTEIN	GIVE WAR OR DATES) 140 07 7461			n and co
IMMEDIATE CAUSE (o) SEPTIC SHOCK. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Underlying couse last DUE TO, OR AS A CONSEQUENCE OF Underlying couse last		DIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF (b) INTERSTIBLAL	Conditions, if ony, which gave rise to immediate couse (o), stating the		that the death certificat d by the attending physi- ease remave corbanapa of, cremotion, or remava ir other froumatic event, in
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10			PART 2 OTHER SIGNIFICANT	NO	n F
CARDIAC ARREST. 2 DANS AGO. 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 2110. TIME OF INJURY 2110. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	IN CERTIFYING CAUSES OF DEATH?	196. CONDITION FOR WHICH OPERATION	190 DATE OF OPERATION	TIFICAT	n. os be sermil ne prii
OR CONTRIBUTING CAUSE OF DEATH	LOCATION	DEATH HOUR A.M. MONTH DAY YEAR	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE		PHYSICIANS ending phys ending phys this certificate buriol-trained Mental Hydrox dar them 18
220.1 certify that (I) (this hospital) attended the deceased from 3 3 82 , 19.82, to 4 20.82, 19.82 that (I) (we saw the deceased alive on above, (I) (we) (did) (did not) view the body after death.	at in (my) (aur) apinion death accurred on the date and hour and from the causes stated	on 420 1982, and not) view the body after death.	220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		Allending aspitol or o ECTOR: After id for use as it of Health im 21 is mark
Je de	ATTENDING MEDICAL STAFF 4/20/82.	ha Klinney.	Anusha	2.7	RALDIR detache state Dep
270 PHYSICIAN'S NAME (TYPE OR PRINT) AN USHA KHIANEY. 270 ADDRESS SINAI HOSPITAL.			ANUSHA		

DHMH - 16 50M 1/81 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL APR.22,1982 ADATH YESHURUN

14 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215 BURIAL

23d. LOCATION CITY OR TOWN BALTIMORE
BY REGISTRAR 25

MARY LAND

a de la se mass Step 1 - Manage 1 - Interest 1 SAMPLE TOURS SAMPLE paramin anzema

hand campletely filled in by the function Pages 1 and 2 should be filed with mitt

the strending phys

TO FUNERAL DIRECTOR: After this certificate has been signed by the attaining physicial should be detached for use as the burial-transit permit. Then please remove carbanoopers with the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or temoval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

STATE OF MARYLAND

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0	4	U	7	0		

1.	FOR STATE REGISTRAR				ATE OF DEATH	0 2	G. NO.	9 0	7 0
(TYP	CEASED NAME FIRST E OR PRINT) 0193)	MIDDLE	Col	hen	20. DATE OF DEA	04-2	3-82	2b. HOUR 235M
3. SE	EMALE	4. RACE	TE S.	MONTH	BIRTH DAY YEAR 1091	AGE (IN YEARS L	AST BIRTHDAY)	FUNDER I YEAR	HOURS MIN.
70 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8.	MARRIED (□ NEVER MARRIED □	-	OR COUNTY		MD.
10. C	BALTO. md.	LEVIN	HOSPITAL, NURSING H H FACILITY, GIVE STREET, ADDR DALE HELD	eew (OTHER INSTITUTION SERIATIC CH		UPATION MOST OF WORKING LIFE VSEWIFE	INDUSTRY	BUSINESSOR
-	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN WASHINGTO	N 13	Bal Inside City Limits? Yes 🛣 NO 🗌		RESS IN. AVE.,		20008
14. F	ATHER'S NAME FIRST MILTON	MIDDLE	WEIDENFEL		S. MOTHER'S MAIDEN NAV FIRST HENRII	MID	DIE	UNKN	OWN
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	167 58 1-62 CU70	182	7. INFORMANT ME+MRS FISH		STALL C	rimney	21208 CT NATE INTERVAL INSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stoling the underlying couse lost.	(b)	R AS A CONSEQUENCE	10,	VARMA			YE	EARS.
CERTIFICATION	PART 2. OTHER SIGNIFICANT RECUVEN 190. DATE OF OPERATION	+ CVA	TION FOR WHICH OP	4 K	remipleq	INAL DISEASE OR	NEU MU	EN IN PART 110 WITH STATE OF THE STATE OF T	GS USED
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	YES NO		ART 1 OR PART 2)	NO []
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM		PII. LOCATION STREET	CITY	Y OR TOWN	COUNTY	STATE
E	220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	4-2	3 198	12 - 2 , and	that in (my) (aur) apinion of	death occurred on	the date and hour	and from the c	
	226. SIGNATURE	me	(m)			MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DATE S	23-82
	22d PHYSI N'S NAME (TYPE	AW-U	VIN		LEVINDALE	GERNATE	EXCTR	BATO	21215

23c NAME OF CEMETERY OR CREMATORY

CHIZUK AMUNO

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR SOL LEVINSON & INC. 21215

23b. DATE

APR.25,1982

BALTO

23a. BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

BALT IMORE MARYLAND

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 28 1982

APR 23 892 PC - CE - CE

Committee of the second second

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DI	ECEASED NAME	FIRST		MIDDLE		LAST		2g. DATE OF	DEATH MONTH	DAY YEAR	N. HOUR
	PE OR PRINT)							Zu. DATE OF			9:18A
-		LEROY		DGAR		LE			4/9/	82	M
3 SI	MALE		RACE WHITE		5 DATE (DF BIRTH	22	6 AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DATS	
	COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER A	AARRIED -	9. BALTIMOR	E CITY OR COUN	TY OF DEATH	
	aryland		U.S.	D.	WIDOW		VORCED		MORE CIT	Y	MD
E	BALTIMORE	V	MC, LO	OSPITAL, NURSING HEACILITY, GIVE STREET OCH RAVEN	BLVI	OR OTHER INST		12a USUAL O	CCUPATION FOR MOST OF WORKING Sterer		of RUSINESS OR Fairmont stery
13a. M	JAL RESIDENCE (IF NUR STATE aryland	Baltin		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Wood laws	7	13d INSIDE C	ITY LIMITS?	13. STREET A	DDRESS CAdoo Av	enue :	21207
14 F	Edgar		eroy	Cole		15. MOTHER'S	MAIDEN NA		MIDDLE	Bri	etenback
	WAS DECEASED EVER (YES HOOR UNKNOWN) YES	IN U.S. ARME		217-14-6		Doroth	y Appl	leby 59	ADDRESS 48 Balti	more St	. 21207
	Canditians, if any gave rise to im-cause (a), statu-underlying cause	mediate ng the last	(c)	R AS A CONSEQUE	NCE OF					5м	
CERTIFICATION	19a DATE OF OPERA	TION		TION FOR WHICH (200 AUTOP	206. IF Y	YES, WERE FIND TIFYING CAUSE YES	INGS USED
MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCUR	RRED (ENTERNATE	URE OF INJURY IN ITEM I	B PART (OR PART 2)	3 F. S
MED	21d INJURY OCCUR	HILE	21e. PLACE (OF INJURY BET, FACTORY, OFFICE FA	RM, ETC }	211 LOCATIO	011		CITY OR TOWN	COUNTY	STATE
	22a I certify that XII saw the deceas abave XII (we) (s	ed alive an A	PRIL 9	1902	, aı			, ta APR death accurred	IL 9 an the date and h		
	22b. SIGNATURE	h uu	my app	w ₂		MA)		MEDICAL DIRECTOR	STAFF PHYSICIAN	1220 DATE	SIGNED P
	PANSOUR	H WHIC	es			3900		RAVEN B	LVD.BALT	IMORE, N	D 21218
23a.	BURIAL, CREMATION,	REMOVAL I	23b. DATE	23c. N.	AME OF C	EMETERY OR C	REMATORY	23d. LOCAT	ION		

DHMH - 16:50W 1/BI (VRA 15, 4)

PORTANT.

Buria1 4/12/82 Loudon Park Cemetery
21229 250 DATE RE

Baltimore

Mary Tand

THE PROPERTY TO THE PROPERTY T

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

Technological (1997) (1997) Service Community of April 1997 Spirit Hillshiff I is the present the transfer of the commence of th

	-			SIAI	E UF MAKTLAND				
	1.	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	0 4	0	9 0	7 2
		CEASED NAME FIRST	MIDDLE		LAST	REG. N 20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
oth 3	TYP	OR PRINT)	воу со	LEMA	N	APRIL 1	1 10	82	10:340
may po	3 SE		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
(a)		MALE	BLACK	AP			YRS.	ONTHS DAYS	23 4
		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAA PRIK	D NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	
deot		RYLAND ITY OR TOWN OF DEATH		WIDOW	ED DIVORCED	BALTIMOR	E CIT	Y	MD.
by the f filed with	B.	ALTIMORE	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKI	NS H		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST C	ON FWORKING LIFE)	126. KIND O INDUSTRY	OF BUSINESS OR
filled in sauld be		AL RESIDENCE (IF NUM) DI COUI RYLAND	BALTIMO		134 NSIDE CITY LIMITS?	132°TE5^DTHE	ALAM	EDA	
d 2 sh	14. F/	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		4	
completely 1 and 2 sh					CHARLE			COLEM	AN
Pages		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN} (IF YES, GIV	MED FORCES? (E WAR OR DATES)	RITY NO.	17 INFORMANT	ADDRE	SS	918	
rtificate be physician on papers. P emaval.		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), one D BY: TE CAUSE (0) HYDROP		FETALIS				O M MAY
coth ce carbing on, or r		7780	DUE TO, OR AS A CONSEQUE						
move motion		Conditions, if any, which gove rise to immediate	(b) BILATEA		PHEUMOTH	RACES		- 6	
\$ 0500.		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE		WHARY DR	REST			
signed hen plee to buria	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D				DITION GIVE	N IN PART 10	0
low re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIC	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
o c o o o	RTIFI	NH	N	A		YES NO	YES		NO [
SICIAN, The physicic certificate certificate inal-transit ental Hygie fleen 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	0//2		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	TORPART 2)	
PHYS tending the bur ind Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
NG rath as the arker as the arker	-	AT WORK NOT WHILE AT WORK	N/4	+1	1				
spiral a spiral a for use of Heal		sow the deceased alive on	tol) oftended the deceased from 19 9 1) view the body after death.	32.0	nd that in (my) (our) apinion d	eath occurred on the do	, 19 ite and hour c	and from the	that (1) (we) last causes stated
OR A DIREC oched Dept.		226. SIGNATURE	. 1		DEGREE	1		22c DATE	
by the by the by the by the by the by the better by the by			th lowing	Μ.	THE THE PARTY IN	MEDICAL STAF DIRECTOR PHYSIC	IAN	14/11	182
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:			RLOWICZ		JOHNS HOPK	(IN)S LLOSS	oral		
Shoots Shoots	72a. 8	URIAL CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
EBP		REMOMPALION	1 11/11/00	hns	Hooking	BALTIN	120	COUNTY	STATE
DHMH - 16 50M 1/81	24 FU	INERAL DIRECTOR		7.14 -	250 DATE	RECED. BY REGISTRAR	256 REGISTRA	R'S SIGNATI	URE
(VRA 15, 4)		1.4 MING	ADDRESS			= 1000 /h	Well the	The same of	

STATE OF THE STATE

3	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 REG. NO.	0 9 0 7 3
	3 SE	MALE	(Pinan) () (1 RACE (B) /ACK	S. DATE OF BIRTH MONTH JAY	20. DATE OF DEATH MONTH 4 2 6 6. AGE AN YEARS LAST BIRTHDAY) 7	B 2 // 34 M IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Shed Donce	10 C	SALTIMORE STATE OR FOREIGN S. C. TY OR TOWN OF DEATH SALTIMORE	76 CITIZEN OF WHAT COUNTRY? US A 11. NAME OF HOSPITAL, NURSIN BENOT INSUCH FACILITY, GIVE STREET LITTLE CAST	MARRIED ME NEVER MARRIED DIVORCED DIVOR	9. BALTIMORE CITY OR COL	RE CITY MO 12b. KIND OF BUSINESS OR
Nominer .	სას. 13a. :	TATE 136 COUNTER'S NAME FIRST	OTHER INSTITUTION GIVE RESIDENCE BEFORE			edison 5t.
the medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU 21701	RITY NO. 17 INFORMANT 594/ Lindsey (Loleman 140	o malison Aug
prior to burior, cremolion, or removal. any injury, or other troumatic event, th	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	epsis	THOUSE OR CONDITION	
18 shows ony	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
If Nem 21 is marked or Nem 18 st	MEDICAL CER	saw the deceased alive or	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION STREET , 19 and that in (my) (aur) apinian DEGREE	CITY OR TOWN to 26 death occurred an the date and	COUNTY STATE COUNTY STATE that (I) (we) lost have and from the causes stated
IMPORTANT:	23a. I	228. PHYSICIAN'S NAME (TYPE OF STREET, CREMATION REMOVAL SPECIFY)	23b DATE 23c P	PHYSICIAN D 220 ADDRESS NAME OF CEMETERY OR CREMATORY PAIT IN ONE Cemetery OR CREMATORY	234. LOCATION	COUNTY WALL
/80	24 F	UNERAL DIRECTOR NAME M, C. March	F/H 1101 E. A	25a DAT	PR 2 PRECISE	GISLAN STATEME

the state of the s S.C. USA respective the first of the second of the second of The second state of the second of Linkson Colomon 1900 Plakes the when I man at 180 E month from 1 250 27 1852 Comment of the state of t

OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the haspital ar attending physician.

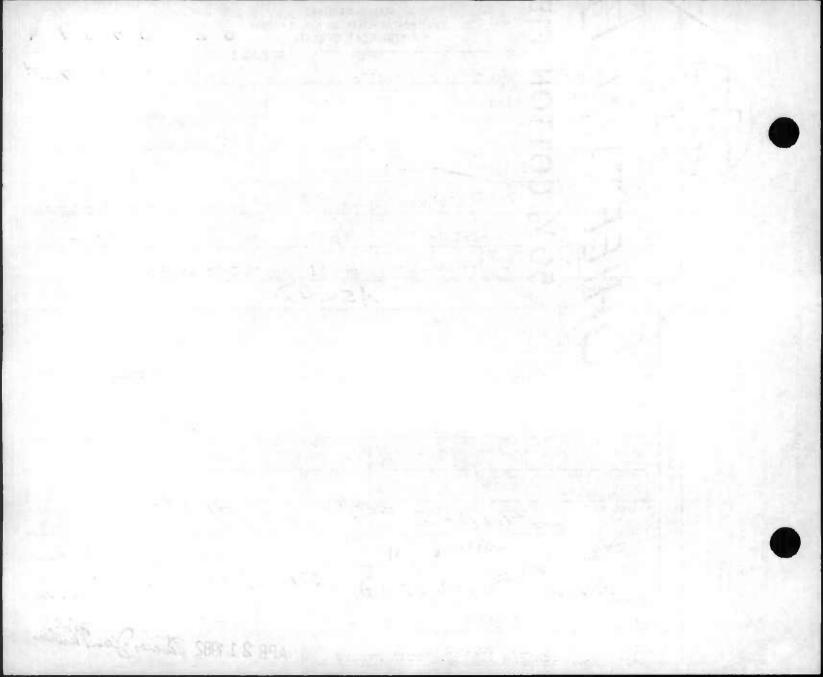
DAMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 9 0

Leroy Gollick 3 Date of BRTH 25 T 1900" 3 Date of BRTH	(1	DECEASED NAME FIRST	MIDDLE				
Leroy Coilick 19 1982 19 198				-1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOL
BERTHRIAGE INTUITION OF DEATH DISCONTRY BALL COUNTRY BALL	3	Lerov		Coll	liale	4	19 1982
BRITHPLACE ISLAND OF DEATH ISLAND OF WHAT COUNTRY? WARRING NAME COLORED STATE OF WHAT COUNTRY? WARRING NAME COLORED STATE OF WHAT COUNTRY? WARRING NAME COLORED NEVER WARRING NAME COLORED NEVER WARRING NAME COLORED			4 RACE			6 AGE (IN YEARS LAST BIRTHDAY)	
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Note 18 18 18 19 19 19 19 19	シレノ		Collic	k	Pauline	WIDDLE	
11 CAUSE OF DEATH LENIER only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which did not starting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which did not starting the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MIDICAL EXAMINER) 210. ACCIDENT WAS UNDERTYNG OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MIDICAL EXAMINER) 211. ACCIDENT WAS UNDERTYNG OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MIDICAL EXAMINER) 212. ACCIDENT WAS UNDERTYNG OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MIDICAL EXAMINER) 213. ACCIDENT WAS UNDERTYNG OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MIDICAL EXAMINER) 214. INJURY OCCURRED (A) INDURY OCCURRED (B) INDURY OCCURRED (C) I	9 160		MED FORCES? 166 SOCIALS			ADDRESS	1.01001
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Toron	Va. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	/? I.B. MARRII	EDE NEVER MARRIED	9 BALTIMORE CITY	7		
(1)//	Ma	ryland	U.S.A.	WIDOW		D9/7	more	City	MD
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200	1	x /timore	- UNIVERSI	ty	Hospital		0,	Beth. S	tee1
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and D			timore Dunda		YES NOX	2A Bays		ive	
2 sh	14_F/	ATHER'S NAME			15 MOTHER'S MAIDEN NA	AME			
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ers. F	=				margaret C	. Comen	Balt	o., MD.	
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hed ept.		2b. SIGNATURE	C (1) 1		DEGREE			22c. DATE SIGN	ED
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should be d		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		27e ADDRESS	- INCEPOR - TITIS	CINIT		
should be with the S		DAVID E	. CLARK		22 C. GR	52 3 V3 3	CALT	MD 2	201
O de M	22- 5	BURIAL, CREMATION, REMOVAL		NAME OF			0/10		
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6 50M 1/B1 A 15, 4)	Z4. F1	NAME DIRECTOR Duda	-Ruck, Inc		25a. DA	APR 23 1987	756 77200	P. Samone	
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1		RTHPLACE PLATE PROPERTY	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH
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13	16 C	Baltimore	(IF NOT IN SUCH FACILITY)	I, NURSING HOME O	CACHE INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	OF WORKING LIFE)	126 KIND OF BUSIN INDUSTRY
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\sim	14. F.A	ATHER'S NAME	PHHO DA	limore	15. MOTHER'S MAIDEN N	11 EasTer	1 /5/1	1X.
30		Jacob	WIDDLE	taub	FIRST Marv	MIDDLE		Smith
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1	= '	No .		-30-4347	Chart -	- South K	Sallir	nore Gen
ĺ.		Conditions, if any, which gave rise to immediate couse a, stating the underlying couse last	DUE TO, OR AS A CO	cardial In	nfarction			
S any injury, ar amer	IFICATION	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	CARDIAL IN		200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDINGS USE ING CAUSES OF DEA
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11660 50 Connective Visit Property of the MATERIAL SECTION AND SECTION OF THE PROPERTY O TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the buriol-tronsit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or remayal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the

medical exami

24 hours ofter death. Page

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

STATE OF MARYLAND FOR 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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				CERTIFIC			REG. N	0.		
DECEASED NAME	FIRST		MIDDLE	LAS			20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
THE OWNER OF	RYAN			COOK			APRIL 12	2, 19	82	08:24
SEX		4 RACE		5 DATE OF			. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HR
MALE		BLAC	K	MA R	. 23 8			YRS.	21	HOURS MIN
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MARYLAND)	OLD THE		WIDOWED			BALTIMOF	CE CI	TY	N
CITY OR TOWN OF			F HOSPITAL, NURSING			N	20. USUAL OCCUPAT			F BUSINESS O
BALTIMOR			SCHHOPKINS		LTAL		(1112 01 1101111 011110011		1110001111	
OUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE	ADMISSION)	3d. INSIDE CITY LIM	urs? I	3e. STREET ADDRESS			
ARYLAND	HOWA		COLUMBI		YESX NO		5805 THUN	DE RH	ILL RD	
FATHER'S NAME		MIDDLE	LAST	1	S. MOTHER'S MAID	EN NAM			1.7	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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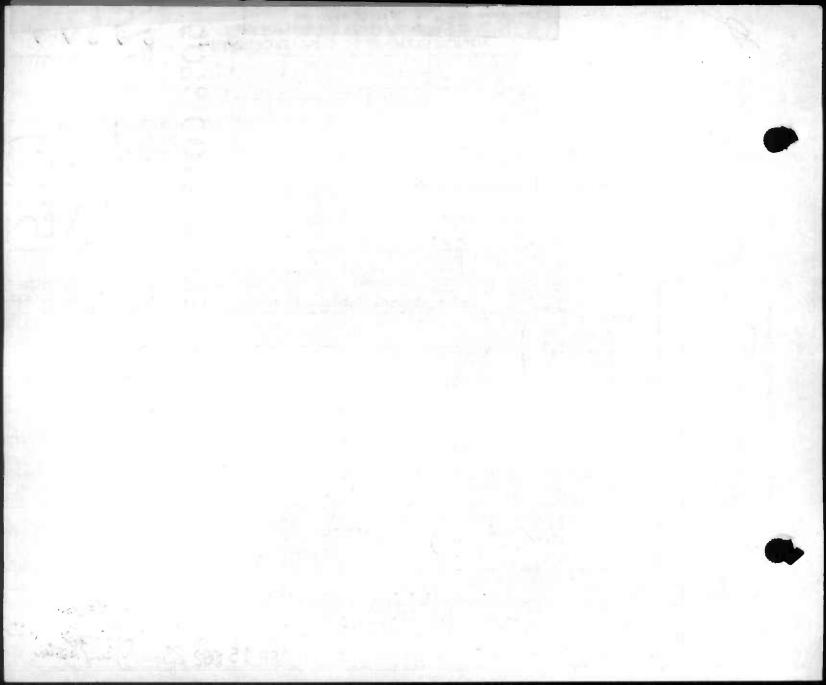
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4/13/82 JOHNS HOPKINS BALTIMORE AND SIGNATURE
ADDRESS PARTY BY REGISTRAR SYREGISTRAR SIGNATURE

Items #18a-22a Film G567 5/27/82 PRATE OF MARYLAND

15M 2/80



AC 19. 13. 1832 Sidner S. A. 1974

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH April 8. COPLIN 1982 Grace 3 SEX 4. RACE 5. DATE OF BIRTH MONTH TE BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY 1ARM Ann WIDOWED DIVORCED V Baltimore City 120 USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORKING LIFE Maryland General Hospital Baltimore SIAMSTRISS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STREET NOF 0 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE SAMUEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES GIVE WAR OR DATES) FAMILY RECORDS 00 0 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Obstructive Pulmonary Disease Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 O CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO ond Mentol Hygie sho 2 In ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER PM 19

21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

ld be detact the State De MPORTANT

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME (TYPE OF PRINT)

NOT WHILE

22a.1 certify that XX(this hospital) attended the deceased from_

above (M) (we) (did) (a) (d) view the body ofter depth

Robert Ammlung, M. D.

21d INJURY OCCURRED

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

STERM

February 20

DEGREE

MO

22e ADDRESS

82

211 LOCATION

STREET

ATTENDING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> c/o Maryland General Hospital 23d. LOCATION CITY OR TOWN

> > BALTI MURS

CITY OF TOWN

STAFF

April

and that in (MM (our) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

4/8/82

2h HOUR

8:50P

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL

two months greater than

ten years

NO [

STATE

YES [

COUNTY

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

HAMBUR'G

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8660 50 The Lines and the Country of the Cou continued the second former banks and the control of - Cocumption Suronic descriptive in honory element Assemble)

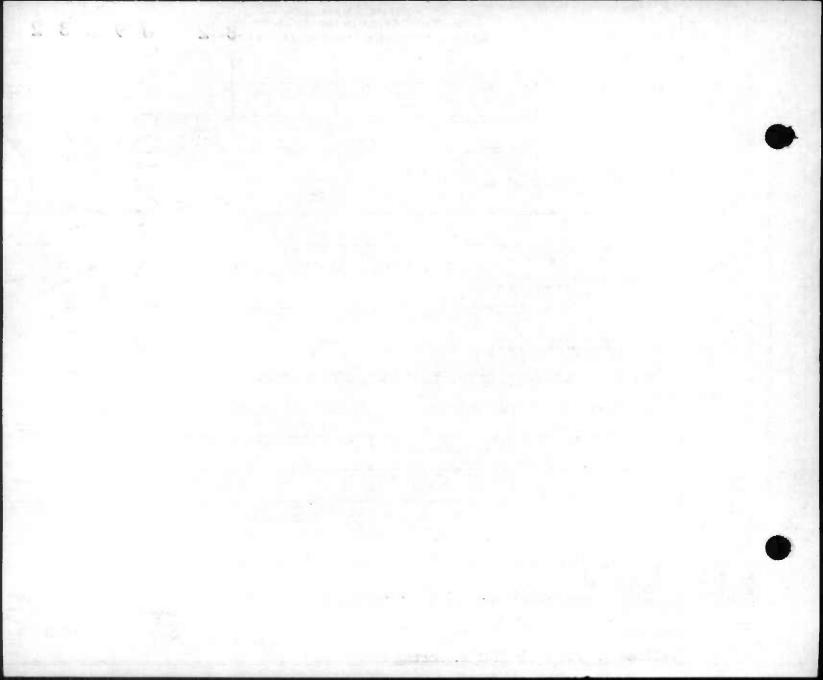
LATER CONTRACTOR OF A STREET OF THE STREET STREET STREET

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



requires that the deoth certificate be executed within 24 hours often

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funes should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	FOR - STATE REGISTRAR	DEPART		TH AND MENTAL HYG TE OF DEATH	SIENE 8 2	Q	90	8 3
	PECEASED NAME FIRST FOR PRINTS	Eva MDDIE Virg	ginia (AST	Costin	20 DATE OF DEATH 4/8/82		8 8Z	26 HOUR
3. S		4. RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Caucasian	Sept.	27. 1892	80		MONIHS DATS	HOURS MIN.
70 E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
10.0	Virginia CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSI	WIDOWED		BALTIMORE			MC
4		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		12a USUAL OCCUPAT	OF WORKING LIF	E) INDUSTRY	BUSINESS OR
USU	UAL RESIDENCE (IF NURSING HOMEON	THE UNION MEM	ORTAL HO	SPITAL	Housewif	i e	Home	9
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14 F	FATHER'S NAME	MIDDLE LAST	15 /	MOTHER'S MAIDEN NA	ME		- 17	
SCI	John	James	5	Virgini			Elmon	e e
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>	AT WORK AT WORK	TAT HOME, STREET, FACTORY, OFFICE, I	PARM, EIC)	318621	1.1			STATE
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	H GASE	EDDV!	1-11	HMAI				
23n	BURIAL, CREMATION, REMOVAL	236. DATE 23c. 1	NAME OF CEMET	ERY OR CREMATORY	1234 LOCATION			
	Greenation	1 /- /-			CITY OR TOWN		COUNTY	STATE
24 F	FUNERAL DIRECTOR	1 4/0/02 56	curt cy	Process	Catonsv		Balto	Md.
	acÑabb Funera	Home Capress	nsville			M REGISTI	1 of	-the
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STATE OF MARYLAND

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

or attending physicion.

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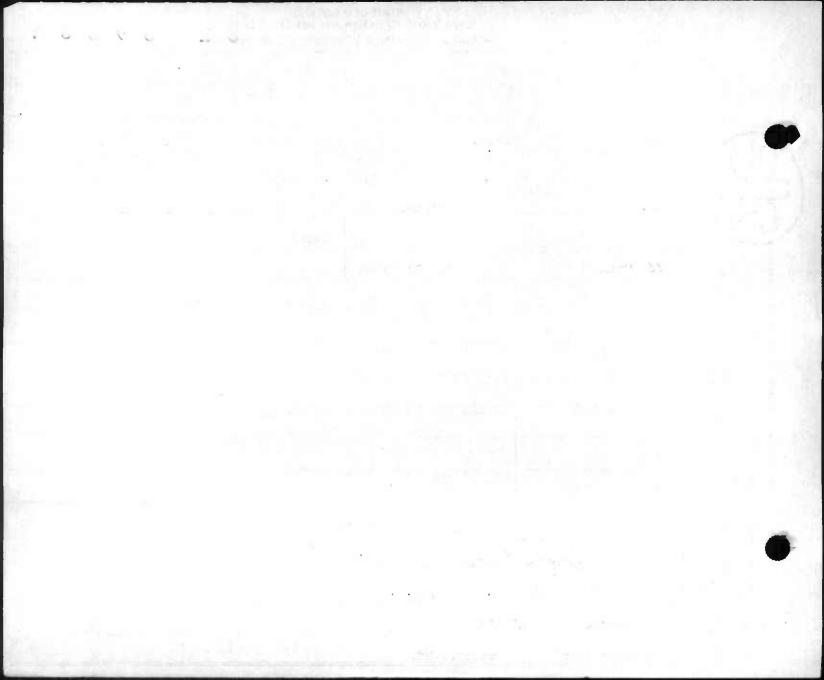
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MG. Balto. YES NO 111 W. Centre St.		:	DMISSION)	ITUTION, GIVE RESIDENCE BEFORE ADA	IRSING HOME OR OTHER INSTITUTI	RESIDENCE (IF IN NU	SUAL
S. MOTHER'S NAME NAME PREST NAME NAME PREST NAME					13b. COUNTY		
Fanny Jackson	LAST	IS, MOTHER'S MAIDEN NAME	TS. MOT		MIDDLE	HER'S NAME	4. FATI
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270 Certify that taak charge of the remains described abave, held on Autopsy X, Inspection , Inquiry , and in my apinian death resulted fram: Notural causes X, Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE	DUNTY 51		ME. 211 LOCATION	PLACE OF INJURY (AT HOM	WHILE STREET	Id. INJURY OCCUR WHILE NOT AT WORK AT W	A 12
EXAMINER'S NAME VIrginia L. Dolan, M.D. ADDRESS III Penn Street 30. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY COUNTY	4-5-82	TITLE (SPECIFY) Accietant DATE	Suicide , Hor		I taak charge af the remai	22a I certify that death resulted from	
(SPECIFY) CITY OR TOWN COUNTY	EU	_ADDRESSIII Penn Street			Virginia L	XAMINER'S NAME TYPE OR PRINT)	E (1
	UNTY STATE	OR CREMATORY 23d LOCATION COUNTY	F CEMETERY OR CREMA			CIFY}	30. BUR
Removal 4/10/82 250. DATE REC'D, BY, REGISTRAND HER LABORATION 250. DATE REC'D, BY, REGISTRAND 250. DATE REC'D, BY, REGISTRAND 250. DATE REC'D, BY, BY, BY, BY, BY, BY, BY, BY,	moderation.	1350 DATE DEC'D BY DECISTOAD DE SECULO		0/82	4/10/		A FIIN



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 4 RACE DATE OF BIRTH YEAR BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND USA BALTIMORE CITY WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE MD. 1403 HARPER HOUSE YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Smith August Ragina Schmauss BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14-22-8832 17 INFORMANT Counselman 1303 Harper House Pages Chas. C. (IE YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY ST IMMEDIATE CAUSE PRESTON Canditions, if ony, which troum gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF 201 W. underlying cause last Ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? urial-transit p 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 ō 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION orked (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive an, and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated 2 abave, (Mwe) (did) (did not) view the body after death

22b. SIGN DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Burial New Cathedral Cemetert Baltimore 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

, that (1) (we) last

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

NO

CITY OR TOWN



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	10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours and the low requires that the death certificate be executed within 24 hours and the low remained by the hospital or ottending physician.	TO FUNE ALD DIFF CTOR. After this certificate has been signed by the attending physician and completely illustrated the business of the busine	WEDSTANT II II m 21 is marked or them 18 shows ony injury, or other troumotic event, the medical expansion must be not included.
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DHMH - 16 50M 1/81 (VRA 15, 4)

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	1	STATE REGISTRAR				CER	TIFICATE OF DE	ATH	0	PEC NO	9			
	I DEC	CEASED NAME	FIRST	M	NIDDLE		LAST		2a DATE OF	REG. NO.	ONTH) DI	AY YEAR	12h HOI	IP
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	10. CI	TY OR TOWN OF DEA	TH	1. NAME OF H	OSPITAL, NU	IRSING HOM	E OR OTHER INSTIT			OC CUPATION		12b. KIND C	OF BUSIN	
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	CERTIFICATION	Coma	A	econd	are	75	1781	1	ande	ac	an	rost		
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X	F	12/A 20/10/2 P		- M					YES 🗆	NOX	N CERTIFY YES	ING CAUSES	OF DEA	
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	- (SPECIFY)		A. C.				CIPION I	CITY	OR TOWN		COUNTY	A 4	STATE
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		NERAL DIRECTOR H							E REC'D. BY RE		. REGISTR.	AR'S SIGNAT	URE	
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		FEMALE	BIMLCK	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOL
MR (*COL	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED WIDOWED DIVORCED	102-71-71	ORE CITY
46		ORTOWN OF DEATH BLITTMORE	(IF NOT IN SUCH FACTION DIVE TIME		TYPE OF WORK FOR MOST DE	
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300		SONN /	BOLE RRY LAST	15. MOTHER'S MAIDEN N	A BOONE	LAS1
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of the Z		Souile	SULTIMETAL			
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bh and Mental Hygrene prior to bus priked or Item 18 shows any intermed and the Mental Ceptific Anton	1	Pa. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NOX	IN CERTIFYING CAUSES OF E YES N IN ITEM 18, PART I OR PART 2)
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STATE OF MARYLAND

- APRIL 4 1982 Pall Call Call Plans

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE 8	Z REG.	NO.	0	9	0	8	8
ECEASED NAME	FIRST	WIDDLE	LAST	20. DATE O	FDEATH	MONTH	DAY	YEA	R	26 HOUR	

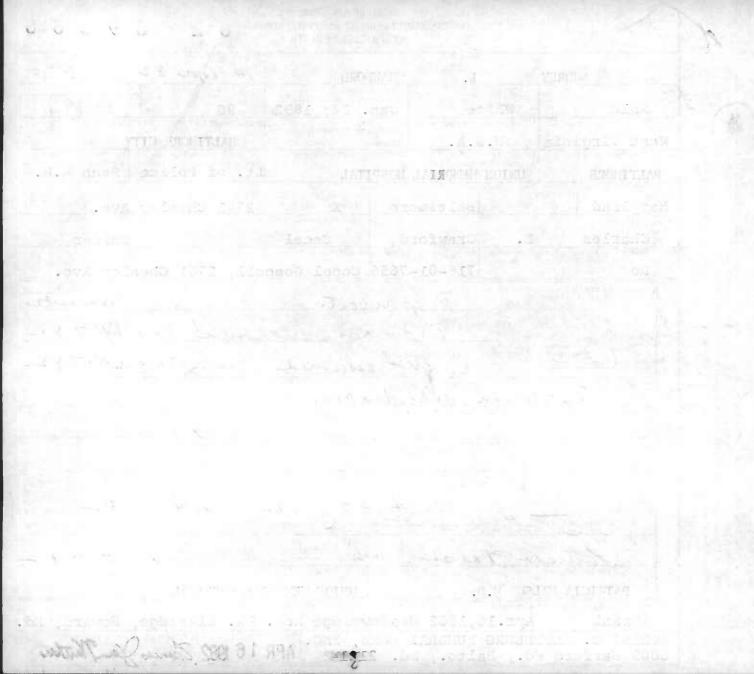
	'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	, ,	
		CEASED NAME E OR PRINT)	FIRST		MIDDLE	CRAW	FORD	20. DATE OF DEATH	MONTH DA	YEAR	6 20 PM
	1.583			4. RACE	The Samuel	5. DATE C		6 AGE (IN YEARS LAST 8		UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Whit	te	Jan		90	YRS.	NIHS DATS	HOURS MIN.
		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		F DEATH	
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4	10 CI	BALT IMORE		11. NAME OF I		G HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPA LITYPE OF WORK FOR MOST Lt. Of P		INDUSTRY	F BUSINESS OR R.R.
5		AL RESIDENCE (IF NUR	SING HOME OF		GIVE RESIDENCE BEFORE		136. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
S	111111111111111111111111111111111111111	aryland	130 000		Baltimo		YES X NO	2701 Ch	eslev	Ave.	
	14. FA	ATHER'S NAME				11111	15. MOTHER'S MAIDEN NA	ME	opic,		
龟		Charles		E.	Crawfor	·d	Cecel	MIDDLE		Snide	
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD		biitae	1
	t,	YES NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	716-01-	7656	Cecel Gos	nell, 270	Ches		
		PART I, DEATH V	H (Enter of	nly one couse per	line for (a), (b), one	d (c))				BETWEEN	MATE INTERVAL DISET AND DEATH
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		gave rise to im couse (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF				111	
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	TA.	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
2	CERTIFICATION	THE SADER						YES TO NOW	IN CERTIFY!	NG CAUSES	OF DEATH?
3	H.	216. ACCIDENT WAS UN	DERLYING				21c. HOW INJURY OCCUR				
7		OR CONTRIBUTING		AIH	M, MONTH DA	Y YEAR	1,000 (100)				
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		21f. LOCATION			711,	
	×	MILE NOT W	HILE	(AT HOME, STE	PEET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
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		sow the decease	ed alive or	ot) view the body	atter dooth	82, or	nd that in (my)(aur) apınıan	death accurred an the	lote and hour a	nd fram the	causes stated
	7.5	226. SIGNATURE	margala ne	. 1	oner deom.		DEGREE			22c. DATE	
		Va	tric	u It	alsh	u	ATTENDING PHYSICIAN [MEDICAL STA		41	4.82
		22d. PHYSICIAN'S N	AME (TYPE				22e ADDRESS				
		PATRIC	IA WA	LSH M.I).		UNION MEMOR	IAL HOSPITA	L		
	23a. B	BURIAL CREMATION	REMOVAL	123h DATE	123c N	AME OF C	EMETERY OF CREMATORY				

DHWH-16 50M 1781 (VRA 15, 4)

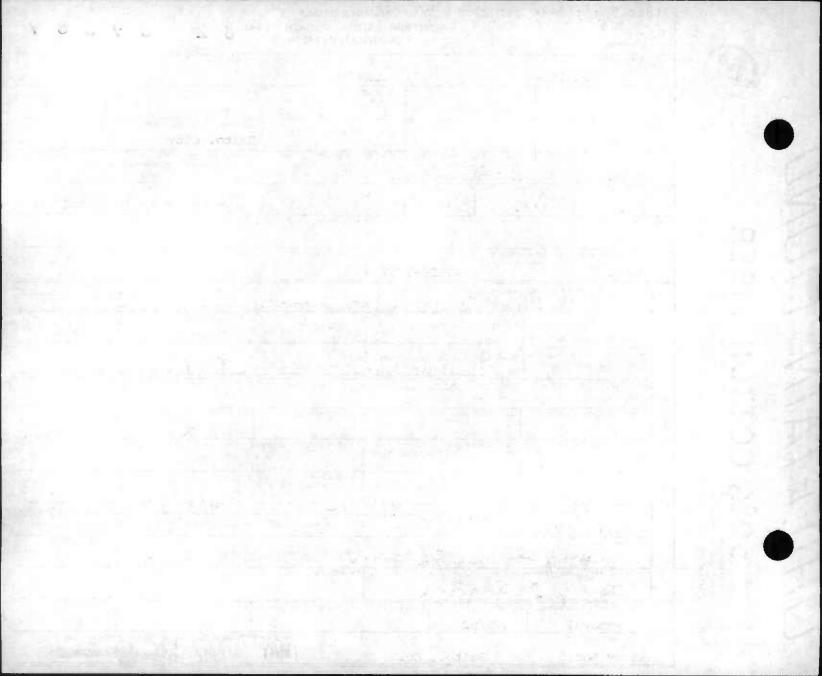
Burial

Howard, Md.

Apr.16,1982 Meadowridge Mem. "ROBERT" C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 212142 APR 16



		ems 7a;8;13a-e FOR dad STATE REGISTRAR	e per ph		MENT OF I	E OF MARYLAND BEALTH AND MENT FICATE OF DEAT		ENE 8 2	0	9	0	8 9
(M)		CEASED NAME FIRST William		DDLE		awford		20. DATE OF DEATH		DAY YEA	1.0	6:20 PM
	3. SE		4 RACE		5. DATE (H DAY Y	YEAR	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS D		UNDER 24 HRS OURS MIN.
Programme open of	To B	Male RTHPLACE (STATE OR FOREIGN	Negro 7b. CITIZEN OF W		1	15	02	80 BALTIMORE CITY	YRS OP COUNT	Y OF DEAT	Н	
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Africa and with the d	10 C	Balto.	St. Agne	S Hospit	address)	OR OTHER INSTITUTI	ION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		IFE) 126. KIN INDUS		USINESS OR
.ND 2121	USU 130.	AL RESIDENCE (IF NURSING HOMEOI STATE NO Bal	OTHER INSTITUTION GI	ve residence before 3c. CITY OR TOW Catonsv	ADMISSION)	130 INSIDE CITY LI		3e STREET ADDRES	Grove	Hosp	ita	1
ured within 24 incompletely filled should be should be somined in the state of the	14 F/	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAI	IDEN NAM	MIDDLE		- 1	LAST	
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours. ysicon and completely filled the opers. Pages 1 and 2 should be the vol. to the medical examine must be the control of the con		VAS DECEASED EVER IN U.S. AR YES, NO OR UNXNOWN) (IF YES, GI	E WAR OR DATES)	66 SOCIAL SECU 247-20-7		17. INFORMANT		ADI	PRESS			
W. PRESTON ST., or the death certification by the attending physer enove carbon procession, or remover the companion, or remover the companion or remover.	No	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA 5 9 0 Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	D BY: TE CAUSE (o). DUE TO, OR (b). DUE TO, OR (c).	entricas a conseque as a conseque ur	NCE OF Se ENCE OF		THE TERMIN	in la	Arre DINDITION GIT			IE INTERVAL ET AND DEATH
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NOF VI	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	HOUR A.M.	MONTH DA	YEAR	21c. HOW INJURY	OCCURRE	D (ENTERNATURE OF II	NJURY IN ITEM 18	PART 1 OR PAR	1.31	
DIVISION DING PHY or offendii After this e as the bu	MEC	WHILE NOT WHILE D	(AT HOME STREE	T, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OF	10WN	COUNT		STATE
		270 certify that (IV) (this hasp sow the deceased abuse an abave (IV) (we) (did) (did no				nd that in (my) (aur)	apinion de	eath accurred an the	date and ha	ur and from	1	t (I) (we) last uses stated
HOSPITAL OR ATTEN FINER BY the hospitol FOR BALL DIRECTOR. Jid be detached for us the State Dept. of He ORTANT: if Hem 21 is		226. SIGNATURE	D. St.	rubeh	1M	PHYS	NDING ICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. D	ATE SIG	NED
TO HOSPITA efoined by TO FUNERA should be de with the Stat MAPORTANT		Jerry). Ska	rbeh		22e ADDRESS						
nn0000	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 4/5/8		AME OF	CEMETERY OR CREM	ATORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	4/3/8	ADDRESS				REC'D. BY REGISTR.	AR 25b. REGIS	TRAR'S SIG	NATURE	Ē
(VRA 15, 4)	A	natomy Board	Ba	lto., Mo	1.		MAY	4 1982	A Control	SE BEE	ESSEN.	ac.



TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed

retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral shauld be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed writting? with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar ather troumotic event, th

STATE OF MARYLAND

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	1 -	FOR - STATE REGISTRAR	C	DEPARTMENT OF I	HEALTH AND		GIENE 8 2	0	9 0	90
J		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ı	11111	JAMES	Н.	CRISP				4	29 82	5:45PM
1	3. SE		4 RACE	5 DATE	OF BIRTH		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS.
I		MALE	Cauc.	MONT 4	1 7 DAY	23	59	VEC	MONTHS DAYS	HOURS MIN.
đ	7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8			9 BALTIMORE CITY O	YRS.	Y OF DEATH	
1		orth Carolina	USA	WIDOW	D X NEVER	VORCED	BALTIMORE	CITY		MD
	10 C	ALTIMORE	VETERANS ADI	, NURSING HOME (DIVE STREET ADDRESS) MINISTRAT	OR OTHER INS	TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ENTER Equipt	ION OF WORKING LI	126 KIND O	F BUSINESS OR
	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE PA Ada	TY 13c. CITY	nce before admission) OR TOWN rfield	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS RD#1		Table:	
ı	14 FA	ATHER'S NAME	AIDDLE	LAST	15. MOTHER	S MAIDEN NA	WE			7
	1	Robert	Cris		He	ettie	WIDDLE	Th	atham	T
1			MED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMA	NT	ADDR	ESS		
1	,		VII 238	24 4847	Lena (Crisp R	D#1, Fairfi	leld,	PA 1732	0
	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	epsis INSEQUENCE OF LUCACIO	/realcol	ralic TO THE TERM	Parlue Truer dise	asl	24 YEN IN PART TIO	hours
1	TIO	Nov	e							
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY? YES ₩ NO□	20b. IF YES IN CERTIF	S, WERE FINDIN FYING CAUSES S X	OF DEATH?
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	
ı	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f. LOCATION STREET)N	CITY OR IC	NWN	COUNTY	STATE
		220 Certify that XI) (this hospital sow the deceased alive an abave, (XI) we) (did XXXXX	APRIL 29,	d fram <u>APRTI,</u> 19_ <u>82</u> , ar	28, nd that in X (y)	_, 19 <u>82</u> (aur) apinion	to APRII.	29, ate and hou		that (K (we) last causes stated
		226. SIGNATURE	Radichm	Q		TTENDING PHYSICIAN	MEDICAL STA	FF X	4-30	G-B2
		Linda He	eadrick n	- 32		Loch Ra	aven Blvd.	Balto	o., Md.	21218
	- (SURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C			23d LOCATION		county	1049
ŀ	_	urial	5-3-82	Fairfie	ld Unio	on Ceme	tery Fairfi	eld,	Adams,	PA

Eline Funeral Home Reisterstown, Md. 21136

DHMH - 16 50M 1/81 (VRA 15, 4)

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Tomas mensulus osburs

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directia, should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, at ather traumatic event, the

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1	-	FOR STATE REGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

52	2 REG. NO.	0	0	0	0	
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	REG. NO.					

	REGISTRAR		IFICATE OF DEATH	REG. NO.	
	DECEASED NAME PIRST DORIS	MIDDLE AMELIA	CROSS	20 DATE OF DEATH MO	1 82 442 PM
	3 SEX 4. RACE	shite Mon	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	YRS. IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
5	Jo BIRTHPLACE (STATE OR FOREIGN 76 CITIZE COUNTRY) Maryland U S	MARR	NEVER MARRIED DIVORCED DI	Baltimore CITY OR C	
1	Baltimore St	AE OF HOSPITAL, NURSING HOME OF INSUCH FACILITY, GIVE STREET ADDRESS) . Agnes Hospital		120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WI	
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 130, STATE 130 COUNTY Maryland Balto	13c. CITY OR TOWN Catonsville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 34 Mellor A	Avenue
	14 FATHER'S NAME FIRST WILLIAM	Lowrey	15. MOTHER'S MAIDEN NA. FIRST Mildred	WIDDLE	Little
A.	16a WAS DECEASED EVER IN U.S. ARMED FOR (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR D		Mr. James G.	Cross, Sr. 3	21228 34 Mellor Ave.
	Conditions, if any, which gave rise to immediate			N3 BY EK	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH HOURS ITUURS
	PART 2 OTHER SIGNIFICANT CONDITION 190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 210.	ONS CONTRIBUTING TO DEATH BUTTON FOR WHICH OPERATI		20a AUTOPSY? 20	ION GIVEN IN PART TO IN IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES IN NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	FIME OF INJURY UR A.M. MONTH DAY YEA P.M. 19 LACE OF INJURY CAME OF ICE, FARM ETC.)	R	RED (ENTER NATURE OF INJURY IN	
The second second	220.1 certify that (1) (this hospital) after sow the deceased alive an above, (1) (we) (did (did not) view the 22b SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) AMIES E	19	DEGREE ATTENDING PHYSICIAN [27e ADDRESS ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the causes stated 22E DATE SIGNED 4/2/82
			Shepherd Cem.	23d LOCATION CITY OR TOWN Ellicott	City, Howard, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND

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	REG. NO					

7	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	090	9 2
	(TYPE	CEASED NAME FIRST OR PRINT)	M H	LEUCLY DATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR - //- 82 HOAY) FUNDER 1 YEAR	2b. HOUR 20 M
	3. 56)	Female	Black	MONTH 52 96	84	MONTHS DAYS	HOURS MIN
570	70 BH	Til ambina	UIJIHI W	MARRIED NEVER MARRIED ON DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	to MD
270	1	BAlto.	1. NAME OF HOSPITAL, NURSING H	Pall mull Rd,	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		F BUSINESS OR
35	13o. S	md, 136 COUNT	other institution, give residence before add Y 13c. CITY OR TOWN	YES NO	130. STREET ADDRESS	ld Yark	Rd.
300		Thomas	HATSLIELD	15 MOTHER'S MAIDEN NAMED FIRST	MIDDLE	HARS 1	W
e medico		NAS DECEASED EVER IN U.S. ARMI YES, NO DUNKNOWN) (IF YES, GIVE W		Toney's Fu	neral Hon	ne 516 Popla	W ST
event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)MMEDIATE	11 -11	UD		BETWEEN	MATE INTERVAL ONSET AND DEATH
roumotic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENC	CE OF			
or other t		cause (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENC	CEOF			
injury, o	NO	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110	1
shows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?	706 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	
Hem 18 st		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 16, PART I OR PART 2} "	
rked or	MEDICAL	2) INJURY OCCURRED WHILE ONOT WHILE OAT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	N, ETC.)	CITY OR TOW	n COUNTY	STATE
21 is mo		220 1 certify that (1) (this haspite sow the deceased alive on above, (1) (we) (did+(did not)	78/11 19 h	and that in (my) (our) apinion	, todeoth occurred on the da		that (we) fost causes stated
II. If Nem		226. SIGNATURE	\mathbb{R}	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN [SIGNED
MPORTANT		228. PHYSICIAN'S NAME (TYPE OR P	Z M. LEBSON	3640 FOR	of une		
≤	230 B	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAA	ME OF CEMETERY OR CREMATORY	23d LOGATION		/

72 hours ofter death

and completely filled in by the fund

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and corshould be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 is with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

Page 4 may be

death certificate be executed within 24 hours ofter

requires that the

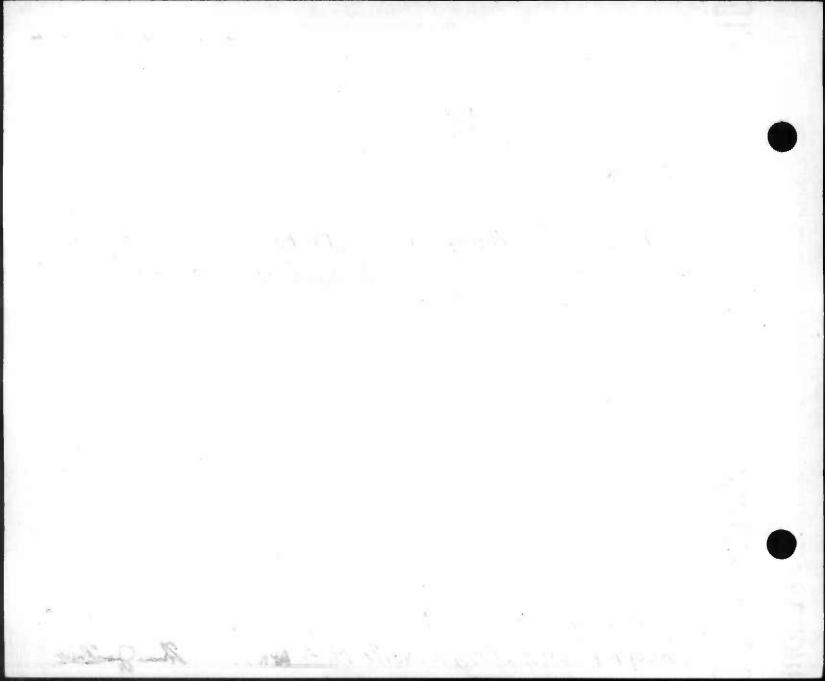
TENDING PHYSICIAN The low or attending physicion.

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/78

24 JUNERAL DIRECTOR
NAME
D.S.E.O.H 6-82 Geltsemane

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



requires that the death certificate be

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filled in by the funeral diould be filed within 72 ha

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the busiol-transit permit. Then please remove corbon papers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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-	-			-		-
	DEC NI	7				

1 DE			MIDDLE	1.A			MONTH	DAY YEAR	26 HOUR
	ECEASED NAME FIRST	4				20 DATE OF DEATH			103
3. SE	Carol	Ine I4 RACE	Α.	Cunnin		Apri		1982	1/0-
3. SE				5. DATE O		6 AGE (IN YEARS LAST B	IRTHDAY	MONTHS DAYS	HOURS
7. DI	Female IRTHPLACE (STATE OR FOREIGN	Whi		July	8 1883	98	YRS		
	COUNTRY)		WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	ryland ITY OR TOWN OF DEATH	U.S.A		WIDOWED		116111111111111111111111111111111111111	e Cit	v	
10.01	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIT THEACILITY, GIVE STREET CEEN NURS	T ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	OF WORKING	12b. KIND INDUSTRY	OF BUSINES
130 5	AL RESIDENCE (IF NURS HO DAN STATE aryland a	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV TOWSON	RE ADMISSION)	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS 23 Acort	Circ	ele Apt	103
14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			
	John	MUDIE	Wernsdo	rfer	Dorothy	MIDDLE		Stai	k .
160 V	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	URITY NO.	17 INFORMANT	ADDE	RESS		
- (1	YES NOOR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	213-74-7	929	Margaret M.	Murray 23 A	corn	Cir.212	204
7	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	R AS A CONSEQU		of the second			00	-
)	Conditions, if ony, which gove rise to immediate	DUE TO, OI (b) DUE TO, OI (c)	r as a consequ	ENCE OF			NDITION GI		0
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

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should be detached for use as the burial-transit permit. Then please remove corbanipapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

IMPORTANT: If them 21 is marked or them 18 shows ony

injury, or other traumatic event, the

STATE OF MARYLAND

1 - STATE REGISTRAR		DEP	CERTIFICATE OF		8 2 REG. NO.	0 9 0	9 4
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DA	TE OF DEATH MONTH	DAY YEAR	26 HOUR
A CONTRACTOR OF THE PARTY OF TH	THOMAS	S	CUNNINGHAM		4	12 82	2:05 A
1 SEX	4 RA		5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male	64	hite	Aug. 16, 19	33 *** 4	8 YR		MIN.
TO BIRTHPLACE LEATE	OR FOREIGN 76. CI	TIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER	MARRIED	TIMORE CITY OR COUN		
Maryland		USA			LTIMORE CIT	Y	MD.
BALTIMORE	V	MO, suBaltim	ore, Maryland	21210 LIMPE OF	EUAL OCCUPATION F WORK FOR MOST OF WORKING Motor,		OF BUSINESS OR
Maryland	13b. COUNTY	INSTITUTION GIVE RESIDENCE 13c. CITY OR Balti	TOWN 1134 INSIDE O		REEL ADDRESS 18 Kingsley	St.Balt	o.Md.
14. FATHER'S NAME FIRST Alben		(unnin	gham	S MAIDEN NAME FIRST	MIDDLE	Kopple	man
160 WAS DECEASED EV		OR DATES) 240 36	2-6866 Pat (Lunk, Same	as above		
18 CAUSE OF DE PART I. DE ATH	ATH (Enter only one WAS CAUSED BY. IMMEDIATE CAI	couse per line for (0), (b	horesp A	west-	Cardia	/1	MATE INTERVAL ONSET AND DEATH
Conditions, if o	ny, which	DUE TO, OR AS CONS	s control	un, E	merchap	neuman	
couse (a), sto underlying ca	oting the	DUE TO, OR AS A CONS	EQUENCE OF ER	fusion	obsun	e	
	MUL	whee	TO DEALH BUT WOT RELAVED	and a	ENAMA)	row	
SPE WCCERHL MAY		N. COMPINION FORW	HICH OPERATION WAS PERFO	HMED 200		YES, WERE FINDIN RTIFYING CAUSES YES (2)	
OH CONSTRUCTIONS T	CAUSE OF DEATH	IN TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	NJURY OCCURRED 15	NEFTATURE OF PULIFY PLICA	IDMART CORPART IN	
W CH ETHER HOTELS OF THE COLUMN TO THE COLUM		TE PLACE OF INJURY AT HOME STREET FACTORS OF	THE FARMLETCO STREET		EIIY DI 10WN	stouety	MATE
224 I certify that	ound olive on A	trended the deceased to pril 12 and body other death.			April 12 curred on the state and t		that (X(we) last causes stated
12h SHONANIRE	The	for	7/4/02	ATTENDING MEDI		- In DATE	12/47
274 PHYSHINAN'S	NAME (THE CHARIN		22e ADDRES	SS			

DHMH - 16 50M 1/B1 (VRA 15, 4)

ATION, REMOVAL 236. DATE 236. N. Burial Apr. 15, 1982

VAMC, Baltimore, Maryland 21218
TERY OR CREMATORY 230 LOCATION Baltimone National Baltimone,

APR 13 1982

e, Manyland
251 REGISTRATE SIGNATURE

24 FUNERAL DIRECTOR McCully Funeral Home, 130 E. Fort Ave. Balto. Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKIII	ICATE OF DEATH	REG. I	10		55	
		CEASED NAME FIRST E OR PRINT) August	a Grace (L	AST	20 DATE OF DEATH April 7	MONTH	DAY YEAR	2h HOUR	?
	3 SE		4 RACE		DATEC	DAY YEAR	6 AGE (IN YEARS LAST 8	•	IF UNDER I YEAR	IF UNDER 2 HOURS	M IN.
S	В	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WH		MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9. BALTIMORE CITY Baltimor				MD.
4		ltimore	(IF NOT IN SUCH FA	SPITAL, NURSING ACILITY, GIVE STREET AD 1 Memoria	DRESS)	spital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Buyer			s Sto	
. 1	13a S	AL RESIDENCE (IF NURSING HOME OF STATE Md.	NTY 13	e residence before at CCITY OR TOWN Baltimore		13d INSIDE CITY LIMITS? YES X NO [3501 St.		St.		
C	14 FA	ATHER'S NAME FIRST William	H. Curry	LAST		15. MOTHER'S MAIDEN NAM	Emma		Mil		
		VAS DECEASED EVER IN U.S. AI YES, NO ORUNKNOWN) (IF YES, GI		SOCIAL SECURI 215 03 21		Richard M. C	arlin 1 M		Hill Ci	rcle	
	N	Conditions, if ony, which gove rise to immediate couse (o1), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR A	S A CONSEQUEN TRIBUTING TO DE	CE OF		Sueval Inal disease or con		VEN IN PART 16	err	<u>s-</u>
,	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIC	ON FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN		
,	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IFE ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK ALWORK 220.1 certify that (1) (this hosp saw the deceased alive or sayer, (1) (we) (did) (did not sayer). 26b. SIGNATURE 27d PMYSICIAN'S NAME (Type)	HOUR A.M. P.M. PLACE OF (AT HOME STREET.	MONTH DAY INJURY FACTORY OFFICE, FARA Greeosed from 9 19 8	<u>/</u> , on	211 LOCATION 211 LOCATION STREET 21 19 d that in (my) (our) opinion of DEGREE ATTENDING ATTENDING TYPE ADDRESS	CITY OR T	OWN	COUNTY	sta that (I) (we couses state	,
	23n B	JAMES BURIAL, CREMATION, REMOVAL	R.K	MRNS	WE OF C	2. EMST		57	2/2	02	
	200 E	ALL LEWIS TOTAL MENOVAL	430. DATE	IST INA	ALL OL C	EMETERT OR CREMATORY	130. LUCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The

IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygene prior to burial, ci

Burial 4/10/82 24 FUNERAL DIRECTOR

Loudon Park Cemetery

6500 York Rd.

Baltimore, Md.

MITCHELL _WIEDEFELD HOME, INC.

250. DATE REC'D. BY REGISTRAR THE PEGETRAL'S SIGNAL

At weta from Durry SIT 03 Clis terms of the color FELLES IC ICH FRES JEED FF COLUMN TO SEE THE TOTAL THE STATE OF THE SEE T A 10 2 :000 atk energy 125 cm; c.

	FOR STATE	DEPARTM	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	TIENE 8 2	0 9 0 9
	REGISTRAR CEASED NAME FIRST (E OR PRINT)	MIDDLE 4	Curtis	REG. NO.	13 82 8 F
3.58		1 RACE 13 Lack	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2
83	IRTHPLACE (STATE OR FOREIGN COUNTRY) 31 more Md	76 CITIZEN OF WHAT COUNTRY?		1. BALTIMORE CITY OR COUNTY IS MORE City	
PC	B' more	2425 GUIT	ord Avenue	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN) DOMESHO	
3 7	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUI 1 ATHER'S NAME	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW	YES NO NO NO		ord Avenu
300	RIRST Obert	Curt CMED FORCES? 166 SOCIAL SECU	15. MOTHER'S MAIDEN NAI S RITY NO. 17 INFORMANT	ADDRESS	Howard
	YES, NO OR UNKNOWN) (IF YES, GI	ve war or Dates) 22030L	1086 Marie, Cu		ruilford A
injury, or other troumotice.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) CAPCID DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C	icma of the St		TIUT
	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
shows on	11- ACCIDENT WAS LINISEDIVING F	Intestinas	2 Obstruction	YES NO X IN CER	YES NO
8 6 0	21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	Intestinas 21b. Time of Injury HOUR A.M. MONTH DA P.M. 21c. PLACE OF INJURY	Q Obstrction 216. HOW INJURY OCCURR 19 211. LOCATION	YES NO NO IN CER	TTIFYING CAUSES OF DEATH YES NO TEMPERATE OF PART 2)
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a.l certify that (1) (this hospi	In testinas 21b. Time of Injury HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	Q Obstraction AY YEAR 19 211. LOCATION STREET 19 21. 19 21. 19 21. 19 21. 19	YES NO X IN CER	TRIFYING CAUSES OF DEATH YES NO TO THE PART I OR PART 2) COUNTY STA
MPORTANT: If hem 21 is marked or them 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK 27c.1 certify that (1) (this hospi sow the deceased alive an above. (1) (we) (did (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE C 27d. PHYSICIAN'S NAME (TYPE C	Intestinal 21b. Time of Injury HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.) 1101) attended the deceased from OCT: 27 11 yiew the body after death. 12 M. D. 13 PRINTI Chols MD	AY YEAR 19 211. LOCATION STREET ARM.EFC.) 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 222. ADDRESS	YES NO NO NO IN CER RED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	COUNTY STA

65 25 8 The state of the s - Surtes Base Househall ---and the second s CANAL SERVICE STREET 그 보다 그는 그는 그를 가장하셨다면 그 그렇게 걸린 수가가 다 가능하셨다. 4/13/62 Boltmon Com. Galtinen 0,00 10 1962 Am Quillet -martiners of the first 4 moy be

completely filled in by the funeral direct ond 2 should be filed within 72 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cai should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

The Profied at one

injury, or other traumotic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR

Burgee Funeral Home,

1.	FOR STATE REGISTRA
I. DE	CEASEDNA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

Baltimore,

250. DATE REC'D BY REGISTRAR 250 REGISTRAR S

Maryland Lether

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	TELL AND DE	
1. DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF	DEATH MONTH		26 HOUR
	ALI	CE	C.	COF	RTIS	dd	APRIL	1982	// # M
Female Female		4. RACE White		S. DATE C	DF BIRTH 1902"	6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
M BIRTHPLACE (STATE Pennsylvan		76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		RE CITY OR COL	INTY OF DEATH	
10. CITY OR TOWN OF I	DEATH	11. NAME OF		ADDRESS)	OR OTHER INSTITUTION	12a USUAL	CTIMORE (OCCUPATION K FOR MOST OF WORKI UTSE	12b. KIND (MD OF BUSINESS OR
USUAL RESIDENCE (IF N 130 STATE Maryland	13b COL		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltim	/N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌		address 3 Yoland	a Road 2	1218
Charle	s BArk	dell	LAST		15. MOTHER'S MAIDEN NA. FIRST Netti		nders	, LA	ST
160 WAS DECEASED EV	ER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
(YES NO OR UNKNOWN)	(IF YES, G	IVE WAR OR DATES)	212 26	7935	Earlton M.	Curtis	San	ne	
			-						CIMATE INTERVAL ONSET AND DEATH
PART I. DEATH	H WAS CAUS	ED BY. ATE CAUSE (a)	Hospir	1	y Arrest			-	Rours
Conditions, if digove rise to		DUE TO, O	RAS A CONSEQU					30	days
cause (0), strunderlying ca	ating the	DUE TO, O	RAS ACONSEQUI	ENCE OF				10	veel
					NOT RELATED TO THE TERM Mithal Ster				
NOTE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		FYES, WERE FINDI ERTIFYING CAUSES YES []	NGS USED S OF DEATH?
00.000.000.000.000	CAUSE OF D	A III		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
(IF EITHER NOTIFY A 21d INJURY OCC WHILE NO AT WORK AT	URRED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE I	1	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	eased olive o	1/ 22	19_		nd that in (my) (our) opinion	deoth occurre	d on the date onc	19 8 2. I hour and from the	that (I) (we) lost causes stated
226. SIGNATURE	icis	Asla	l	ms		MEDICAL DIRECTOR	STAFF PHYSICIAN	. 1/	ZZ·82
22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS		Shering		
PAT	RICIA	WALSH, M	1.D.		201 E. UNIV	VERSITY	PARKWA	Y	
23a. BURIAL, CREMATIC				NAME OF C	EMETERY OR CREMATORY	23d. LOC A	ATION		
Burial		26 Apr			ne Park Cemete	CITY	ORIOWN	COUNTY	STATE

Lorraine Park Cemetery

21211

3631 Falls Rd.

DHMH - 16 50M 1/81 (VRA 15, 4)

Pennle Pite on. 23, 1902 '8 lemeylvaria U. ... THE PARTY OF THE PROPERTY OF THE PARTY OF TH arrland Stimona 2018 of 21.11 llong tolran PIEGOS Giofon 212 26 7025 envisor . Continue Aurial Se puil 62 conside ou aparem deltimore, al lanca e .ursee uperal some, 3631 Falls ad. a1211 | a48 & 6332 | ase up.

uld be filed

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove corban papers. Page worth the State Degy of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

medicol exami

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5130 Wisc. Ave., N.W. Wash., D.C.

9

	REGISTRAR						REG. N	O		
	CEASED NAME FIRST		WIDDLE	L	AST			MONTH	DAY YEAR	26 HOUR
	AUGUST		M.	CUS	SMANO		APRIL 23	. 19	82	9:55Pm
3. SE	X	4. RACE	The strip	5. DATE C		YEAR _	6 AGE (IN YEARS LAST BIR	[HDAY]	MONTHS DAYS	IF UNDER 24 HRS
	Male	White		Oct.		1916	65	YRS	JACON INS	HOURS MIN.
7a 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVEL	MARRIED -	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
	Florida	U.S.	Α.	WIDOWE		DIVORCED	BALTIMOR	E CI	TY	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER IN	STITUTION	120 USUAL OCCUPATE			OF BUSINESS OR
	Baltimore	THE J	OHNS HOR	KINS	S HOS	PITAL	Dir. Flight			
	STATE		13c CITY OR TOWN Potomac		13d. INSIDE	CITY LIMITS?	13. STREET ADDRESS 11028 Sta	nmor	e Drive	Ning
14. F.	ATHER'S NAME FIRST Tgnazio	WIDDLE	Cusmano			R'S MAIDEN NA FIRST DSA	WE		AIÏ	hano
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17 INFORA	ANT	ADDRE	55		The vari
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	132-09-1	131	Elai	ne R Cus	smano Same	as i	tem 13.	
	18. CAUSE OF DEATH (Enter on	y ane cause pe	r line far (o) _q (b), and	yc1.)	(APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Acute	\mu	Rem	a			1	week
	2080		DAGA CONSTOLIS	ICE OF						
	Canditions, if any, which	1	R AS A CONSEQUE	NCE OF						
	gave rise to immediate	(b)_								
	cause (a), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF						
		(c)								
z	PART 2 OTHER SIGNIFICANT O		ONTRIBUTING TO D					DITION G	IVEN IN PART 1	a
CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH (ocar	0	200 AUTOPSY?	IAN IF Y	EC WEDE ENION	
FIC	- OFERALION	170 COND	TION FOR WHICH (STERNING.	N WAS PERF	ORMED	/	IN CERT	ES, WERE FINDING CAUSES	
ERT	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	AE INTURY		121, 11014	ALLIDY OCCUP	YES NO	1	YES 🗌	NO 🗆
	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	ZIC. HOW	NJUKT OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART 1 OR PART 2)	
CA	(IF EITHER NOTIFY MEDICAL EXAMINER		М.	19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	RM, ETC)	21f LOCAT		CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE AT WORK			. (
	220.1 certify that (1) (this haspi	tal) attended th		4		. 19				that (1) (we) lost
	sow the deceased arve on abave, (I) (we) (did) (did no	1) view the body	after death.	an, an	d that in m	(aur) apinion	death occurred an the do	te and ho	our and fram the	causes stated
	22b. SIGNATURE	- / /			DEGREE				22c. DATE	SIGNED
		W	an			PHYSICIAN	MEDICAL STAR		4	93/2
	22d. PHYSICIAN'S NAME HAVE				22e ADDRE	S\$ 1	1 /		.0	11.
	Michae	16	Sarr	OM.	1	ohns t	topkens 1	1801	P. Ba	11 more
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OF	CREMATORY	134 LOCATION		- M	Jan Jang
	(SPECIFY) Burial	4/27/1				s Cemete	0.00 00.00	C M	aryland.	STATE
24 F	UNERAL DIRECTOR Josep						DREGID. BY REGISTRAR	-		
	5130 Wisc. A	VA. N.	Wash	D.C.		HP	KZ / 1982	Man		M. Com
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Joseph Mules's one inc.

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the burial-transit per and Mental Hygiene 18 Hem

FUNERAL DIRECTOR

should be detached with the State Dept.

hospital

50 orked of Health

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MPORTANT

CERTIFICATION

MEDICAL

No. DATE OF OPERATION

776 PHYSICIANIS NAME

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 STATE 13c. CITYOR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO F 14 FATHER SNAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Thomas

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	one couse per line for (a) (b), and (c) (BY: CAUSE (a) CA PD 10 - RESPIARATORY AREF	APPROXIMATE INTE
4345 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	57
Conditions, if any, which gove rise to immediate	1 6 cerebrovascular Accident	
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
underlying cause last.	(c)	

fer significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1100.

21s ACCIDENT WAS UNDERLYING 21s TIME OF I	INJURY	\$1c HOW INJURY OCCURRE	Control of the Contro		
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR		A TENSE MYDRE OF HOUSE ST.	TEACHER PART I CARPART 21	
214 INJURY OCCURRED 21¢ PLACE OF	INJURY	2H LOCATION	EIII OR TOWN	counts	STATE

220.1 certify that (1) (this hospital) attended the decembed from is (my) (pur) opinion death occurred on the date and hour and from the course stated

SIGNATURE DEGREE **ATTENDING** PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

ML CONDITION FOR WHICH OPERATION WAS PERFORMED

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR Salt: More

APR 6 1982

20a AUTOPSY

APR

198. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

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DHMH - 16 50M 1/81 (VRA 15, 4)

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campletely filled in by the funeral directors Igand 2 shauld be filed within 72 hours of

use as the buriol-transit permit. Then please remove carboni dealth and Mental Hygiene priar ta burial, cremation, ar rem

shauld be detached far use as the bu

IMPORTANT: If Item 21 is

injury, ar other traumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

OR ATTENDING PHYSICIAN. The law

STATE OF MARYLAND

0	O	1	0	No.
0	7		U	U

	1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	IENE 8	2 REG. NO	0	9	1	0	Q
		OR PRINT)	FIRST TER		August	DAI	AST LT E		20 DATE OF	DEATH A		4.3	YEAR	26 HOUR	0
	3. SE)		4 RACI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. DATE C			6 AGE LINYE			IF UNDER	IVEAR	IF UNDER 2	A HRS
		Male		Whi	te	Nov	DAY	1915	66		YRS.	CHIMOM	BAYS	HOURS	MIN
-		RTHPLACE (STATE OR FOR	EIGN 76 CITI	ZEN OF W	HAT COUNTRY?	8 MARRIE	X NEVER	MARRIED -	9 BALTIMO	RE CITY OF	COUNTY	OF DEA	TH		
>		aryland		U.S	.A.	WIDOWE		NORCED	BALT	IMORE	CIT	I			MD.
1		BALTIMORE.	(IF I	UNIC	OSPITAL, NURSIN FACILITY, GIVE STREET ON MEMORI	AL H			12a USUAL C (TYPE OF WORK Stone	FOR MOST OF	WORKING LIF	E) INDU	STRY	BUSINES	
-	130. S Maj	ryland	COUNTY		Baltim	N	13d INSIDE C	NO []		ADDRESS Edga	ar T	er.	n.		
n	14 FA	THER'S NAME FIRST	MIDDLE		LAST			S MAIDEN NA		MIDGLE		10	IAST		
3		Walter	Johr	า	Dahle		Es	telle	M	yrt1	е	He	erge	et	
		(AS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARMED FO	DATESI	66 SOCIAL SECU 216-07-		A Mar		E. Da	ADDRES hle,		l Ed	lga:	r Te	r.
		PART I. DEATH WAS	Enter anly one of CAUSED BY. IMEDIATE CAUS	ause per li	ne far (a), (b), and TAPHYLOC	OCCAL	. PIVEL	AIHONN				3.0	PPROXIM	NATE INTERV	ÊATH
		Conditions, if any, w	hich FIA	DE TO, OR	AS A CONSEQUE	NCE OF	ERAPY F	or Rheum	1 bioto	Yistho	em		40	5	
		cause (a), stating		(c)	as a conseque	NCE OF	175								
	z	PART 2. OTHER SIGNIF													
	5	SILICO SIS S									-	_			10
7	CERTIFICATION				ON FOR WHICH	OPERATIO	1.		200 AUTO	но 🛚		YING CA	AUSES		1?
		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	TIME OF OUR A.M. P.M.	injury . month da	Y YEAR	J. Lond	JURY OCCURR	RED (ENTERNAT	URE OF INJURY	IN ITEM 18 P	ART I OR PA	ART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	(A1	PLACE OF HOME, STREE	T, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET		1	CITY OR TOW	'N	COUN	4TY	STA	CTE
		220.1 certify that (1) (the saw the deceased above, (1) (we) (did)	alive on	1418	۷ 10	12.0	22 id that in (my)	, 19	death accurred	an the dat				hat (I) (we	,
		276 SIGNATURE	1 Elle	No	luc	W		ATTENDING PHYSICIAN [MEDICAL DIRECTOR [STAFF		114	DATES	182	F
		22d. PHYSICIAN'S NAMI JEROLD	WARD M	D			22e ADDRES	NION M	EMORIAL	, HOSP	ITAL				

DHMH - 16 50M 1/81 (VRA 15, 4)

280 BURIAL CREMATION, REMOVAL Burial 236 DATE Apr. 7, 1982

231 NAME OF CEMETERY OR CREMATORY Parkwood

Parkville

Balto.

Md.

ROBERT C. ALTENBURG FUNERAD HOME, INC. 6009 Harford Rd., Balto., Md. APR 21214

Table 7300 th 87.34 Table 1818 1 .vov. 15 1818 1 - 1818 namental construction of the second of the s . and the last to be a second of the last to be Participation resident to the latter little addressing ARR 6 1982 Friend

/				STATE	OF MARYLAND				
3	1.	FOR - STATE	DEPA		EALTH AND MENTAL HY	GIENE 8 2	0	9 1 1	3 1
	I DE	REGISTRAR CEASED NAME FIRST	- MIDDLE		SI SI	REG. N			
y be ge 3 death		DAVISH A	-Itred D	Dan	18/5	20 DATE OF DEATH	MONTH DAY		15 AM
4 m	3 SE		RACE R	S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF L		NDER 24 HRS
6	7. 0	DYLID) A CE	1)		15 19	65	YRS.		
7 C 22 24		RTHPLACE STATE OR FOREIGN (COUNTRY)	CITIZEN OF WHAT COUNTI	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Baltimore City C	711	City	MD.
s offer o	10 C	BO TOWN OF DEATH	1. NAME OF HOSPITAL, NUR		ROTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF		126 KIND OF BUS	
d in the state of	130	AL RESIDENCE UP NURSING HOME OR COLATE	OTHER INSTITUTION GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
hin 24 h		Med 136 COUNTRY		10	YES NO	928 6	FRAM	UKLIN S	1
and 2 2 grant	14. E/	ATHER'S NAME	IDDLE LAST	els	15. MOTHER'S MAIDEN NA	AME MIDDLE		PINSON	
100 F		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANI	ADDRE		11,500	
S. Page		No	243-16	-0490	Alfred D.	Daniels, J	ir. 10	11 mone	oe St.
physician physician poper mayol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	ond (c).)	man. Ave	rest.		APPROXIMATE I	,
ding orbo		4151 IMMEDIATE	DUE TO, OR AS A CONSE	DUENICE OF	nary rus	23 4.		2> m	(1
deat atten ove c stran,		Conditions, if any, which	((b) A)	Imon	ary om 60	105		Severa	weeks
y the e rem cremo		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE		1		70 0	21	9
ned by please unal, cr			(c)	pren				24	
equire n sign Then r ta ba	N O	11. 1. 1. 1.	Acidosis	DEATH BUT I	NOT RELATED TO THE TER	WINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
law re os been ne prior vs any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, W	ERE FINDINGS L	SED EATH?
The house of the h	ERTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. 11014 BUILDY OCCUP	YES NOW	YES [] NO	R
A d TIOE		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART	ORPART 2)	
HYSIC ding is cer burro Meni	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION				
offen offen ter th s the s the rked of	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
NDIN II or Use o Use o Health		220.1 certify that (1) (this haspite			5 19 87		, 19.	8c thoy	(we) last
ATTE Seprite CCTO d for 1. of t		sow the deceosed alive on above (1) wey did (did not)	view the body ofter death.			deoth occurred on the do	ate and hour an	d from the couse	stoted
OR he he he cache ache Directed the the the cache ache ache ache ache ache ache a		22b. SIGNATURE	1-1	D	EGREE ATTENDING	MEDICAL STAF	F	22c. DATE SIGN	ED
HOSPITAL ned by the VINERAL SIGNE STATE ST		22d PHYSICIAN'S NAME (TYPE OR	& WEGMA	se !	PHYSICIAN [9/13/	82
- 0 - 0 - 0		BESSMAN			Univ. of M	A HASA.	7.7 5	Greene.	¥
Short Short	230 E	URIAL, CREMATION, REMOVAL		R NAME OF CE	METERY OR CREMATORY	23d LOCATION			
/ BP		SPECIFY) Burial	4/20/82	Balti	more Cem	71111	more	PINUC	mo
DHMH-1650M1/81 (VRA 15, 4)		INERAL DIRECTOR			250. DA	TE REC'D. BY REGISTRAR		1 074	Then
	W	m. C. March	F/H 1101	F. 100	rth Ave A	PR 15 1982	(Parelo	ilani/ 10	W

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	9	i	0
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1-	REGISTRAR				CERTIF	ICATE OF DEATH	O .	EG. NO.	1 7 1	U,	3
	CEASED NAME	FIRST		WIDDLE	ı	AST	20 DATE OF DEA	ATH MONTH	DAY YEAR	2b. HOUR	
(TYPE OR PRINT) MARC				DA	RRIN	April 1	. 1982		303m		
3. SE>	X	4	. RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR		_
	Male		Whi	te	Jan		91	YRS.	MONTHS DAYS	HOURS MI	N.
	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	8	O. 15152 . 1225	9. BALTIMORE	ITY OR COUNT	Y OF DEATH		_
	New Yor	k	U.	S.A.	WIDOWE	D NEVER MARRIED DINORCED	Ralti	more C	it.		MD.
10. CI	TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCC	UPATION	12b. KIND C	OF BUSINESS	
	Baltimor		4401		d Roa	ad		ch Dir		mical	
USUA 13a, S	AL RESIDENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADD	DESS			
	Md.			Balto.		YES NO		Wickfor	d Rd		
14. FA	ATHER'S NAME		DD IF	1467		15. MOTHER'S MAIDEN NA	ME				
	Charles	Benñ	ett	Darrin		Caroline	MI	DDLE	deLep	line	
	VAS DECEASED EVER			16b. SOCIAL SEC	URITY NO.	17 INFORMANT	2	ADDRESS			
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-12-	-1726	Cynthia H.	Smith	Wilming	rton F	Del.	
	18. CAUSE OF DEAT	H (Enter only	one couse per						APPROX	XIMATE INTERVAL	TH
	PART I. DE ATH W	AS CAUSED	BY:	auti	40.11	occurdent is	ndarch	in	Serve	1.100	-
	NVVIEDIATE CAOSE (S)							·	acon .	-	
	DUE TO, OP AS A CONSEOU					he muder	want	as dusu	se man	4 years	1.
	Conditions, if any, which gove rise to immediate			succe	ord carace	Dascu		0	10	-	
	couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEOU				JENCE OF				11 5		
			(c)_								_
z	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	VEN IN PART 1	(0)	
CERTIFICATION	19a DATE OF OPERAT	TION!	TION COND	TION FOR WHICH	I ODEDATIO	N WAS PERFORMED	20a AUTOPSY	2 Jan IF VE	C WEDE ENIO	NOCHES	_
FICA	THE DATE OF OPERA	IION	198 COND	IIION FOR WHICE	OPERATIO	N WAS PERFORMED		IN CERTI	S, WERE FINDI IFYING CAUSES		
RT				5.0.111.00		10. 110		7	ES 🗍	NO []	
	OR CONTRIBUTING		HOUR A.	.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE	81 METI NI YRULNI 1C	PART 1 OR PART 2)		
CA	(IF EITHER, NOTIFY MEDIC	CALEXAMINER)	P.	.M.	19						
MEDICAL	21d. INJURY OCCURE			OF INJURY REET, FACTORY, OFFICE.	FARM ETC)	21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE	
1	AT WORK AT WOR	RK									
- 3	22a. I certify that (1)	(the hospita	d) ottended th	ne deceased from _	_	19.58		- /		that (1) (>>>>) [
	sow the decease above, (1) (we) (v	ed alive on_	view the body	oftendenth 1	82, or	nd that in (my) (************************************	death occurred on	the date and has	ur and from the	couses stated	
	275 SKINATORE	101	0.	J. Committee		DEGREE			22c. DATE	SIGNED	_
	Whi	111	Sh	nan from	is	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	4/2	2/82	
	224 PHYS CIAN'S NA	AME (TIPE OF	PRINT)	11		22e. ADDRESS	5				_
	Dr. Alfr	ed G	Occ	nd ha	D	1101 St F	Paul Ct	Dalta	N A -1		
23n R	BURIAL, CREMATION,		23h DATE			1101 St. F	Paul St.	Balto	. Md.		_
(SPECIFY)	MEMOVAL					CITY OR TO	NWN	COUNTY	STATE	
	Burial		4-5-8) C	ruid	Ridge	Pikesv	rille i	Balto.	Md.	

DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

4905 York Road

FOR

Henry W. Jenkins & Sons Co. 24. FUNERAL DIRECTOR Balto., Md. 21212

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230. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician

10	1.	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	09104
	I. DE	CEASED NAME FIRST		MIDDLE	1000	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
	(1726	Mildre	d	0.	D	augherty	April 20, 1	982 M
	3 SEX Female		4 RACE	ite		DF BIRTH 11 5, 1911	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore CITY OR CO	UNTY OF DEATH
00	10 C	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A LILSA AVE.	G HOME (or other institution sidence)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK HOMEMAKET	126 KIND OF BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU LTYLAND		13c. CITY OR TOWN Baltimo	N	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 2607 Ailsa	21214 Avenue
\$00		ATHER'S NAME FIRST Frank	WIDDLE	Sigler		15. MOTHER'S MAIDEN NAME FIRST	O.	Harbaugh
medica		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	212-10-4		Terence L.	Daugherty 26	07 Ailsa Ave.
aumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	ED BY: TE CAUSE (o)	CACDIO PO	NCE OF	DNARY ARR	EST SCULPIZ DISEI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 MIN TSE YRS
lury, ar ather tr	N	gove rise to immediate couse (a), stating the underlying couse last	CONDITIONS CO	R AS A CONSEQUE	NCE OF	HEART FA	LURE	
ows ony in	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.	m. month da m.	Y YEAR		ED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PART 2)
orked or	MED	216 INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
121 is m.		220.1 certify that (1) (this hasp			32,0		death occurred on the date on	d hour and from the causes stated
ANT: If Hem		17h SIGNATURE	2.13	times		MO ATTENDING PHYSICIAN [2]	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED APP2 21/982
MPORTANT		Dr. Richard	W. Bitt	rick M.	D.		rd Road Balti	more, Md.

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Apr 24 1982

23c NAME OF CEMETERY OR CREMATORY

Lorraine Park

23b. DATE

230 BURIAL, CREMATION, REMOVAL Burial

Baltimore 2 1982 Courses Standard Latter

23d LOCATION

P V I C V ... C 19.1 por Irrea de Arrenda. La 19.1 Le desante 101 - 1011 February 21 printerestrial constitute | Park Allen Ave. (Annihance, 1 1 X 4 CTONZTIES . The state of the . In parametric of the Education of the Control of per a ferral 1991 liberate history Permits d. Hox, inc. religions, inclinar 178 23 1982 24 mm.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 heart of	retained by the hospital or attending physician.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO				- 7	

1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	. NO.	103
	CEASED NAME FIRST		MIDDIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
11.00	BETT	Y JI	EAN	D.	AVIS		4 27	82 558 M
3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST		IDER ! YEAR IF UNDER 24 HRS
	FEMALE		HITE	06	04 45		36 YRS	HS DATS HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.		9 BALTIMORE CIT		DEATH
	EST VIRGINIA		15A	WIDOWE	D NEVER MARRIED DIVORCED	BAL	TO'. C.17	MD.
	TY OR TOWN OF DEATH			SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUP		26 KIND OF BUSINESS OR
6	BALTO, CITY.	(IF NOT IN SUC	CH FACRITY, GIVE STR	FM	D.	HOUSEWI		NDUSTRY
130. 9		OR OTHER INSTITUTION DUNTY ARFORD	134. ÇITY OR TO	NWC	13d. INSIDE CITY LIMITS?		OVE AVENUE	21040
14 F.A	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N			144
2	CHARLES		SHIPMA	N.	WINNIE	MILI	ER	PASS
	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADI	DRESS ELKIN	IS, W. VA.
	NO	GIVE WAR OR DATES	416-60	-9646	TOMBLYN FU	NERAL HOME	45 RANDO	OLPH AVENUE
	18 CAUSE OF DEATH (Enter	only one couse per	line for (o), (b),	and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	ISED BY:	METE	STAT	IC FIBE	ROSARCON	AA	
	1719 DUE TO, OR AS A CONSEQUENCE OF							
100	Conditions, if ony, which							
. 19	gave rise to immediate cause (a), stating the	R AS A CONSEC	DUENICE OF					
	underlying couse lost	(6)	K AS A CONSEC	SOFIACE OF				
	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING T	O DE ATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CO	ONDITION GIVEN IF	N PART 1(o)
0		0						
CERTIFICATION	198. DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED
IF.	0		0			YES TO NOTE		CAUSES OF DEATH?
18	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCU	JRRED (ENTER NATURE OF II	NJURY IN ITEM 18 PART I	OR PART 2)
AL	OR CONTRIBUTING CAUSE OF	The state of the s	M. MONTH	DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			
W	WHILE NOT WHILE AT WORK	(AT HOME ST	EET, FACTORY, OFFICE, FARM, ETC)		STREET	CITY OF	RIOWN	COUNTY
	22a.1 certify that (1) (the ho	spital) ottended th	e deceased from	1 3 ml	4 8 10 8	1 to 4/	ZT 108	that (i) (lost
	sow the deceased alive on 4127 19 and that in (my) appinion death occurred on the date and hour or							
	22b. SIGNATUPA	view the body	offer death.	-	DEGREE			23s. DATE SIGNED
	Edouro	the ton	Leo	CKD	ATTENDING PHYSICIAN	MEDICAL S	TAFF	4/27/02
	224 PHYSICIAN'S NAME (TYP	PE OR PRINT)			22e ADDRESS	_ DIRECTOR _ FIII	SICIAIV	Hortz
	EDWARD ?	3-18	. Mit	>	225.0	reene St	RAIT	WILLY WWW.
23a B	URIAL, CREMATION, REMOV	AL 236 DATE	23	NAME OF C	EMETERY OR CREMATOR		10119	O T CO T C C C C C C C C C C C C C C C C

DHMH-16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely litted in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 though the litted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the

BALTO., MD. HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

21229 ADDRESS

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X		STATETEM 1 G 566	4/22/82 GA	CERTII	ICATE OF DEATH		REG. NO.	910	0
2 75		CEASED NAME FIRST	R	NO.	AV 15	2a DATE OF	DEATH MONTH	DAY YEAR 26 HOUR	_
E 66	1. 5E	X 1	RACE	5 DATE (OF BIRTH		RS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2.	A HRS
age 4		Femazz	BLACK	MONT		6 5	YRS	NONTHS BAYS HOURS	MIN.
O 1 1 23		Va.	CITIZEN OF WHAT C	MARRIE		D C /7	ECITY OR COUNTY	OFDEATH	MD,
	10 C	ATIMORE	NAME OF HOSPITA	GIVE STREET ADDRESS)	OR OTHER INSTITUTION		CCUPATION OR MOST OF WORKING LIFE	12b. KIND OF BUSINES INDUSTRY	SOR
AND 2120	13a. S	AL RESIDENCE OF NURSING HOME OR OTH STATE 136 COUNTY	13c. CIT	DENCE BEFORE ADMISSION) Y OR TOWN THE MORE	13d INSIDE CITY LIM			orp Av s	
MARYL ond 3 to	14. FA	Ja mes MID		homas	15 MOTHER'S MAID		MIDDLE	Estes	
TIMORE, Programme Programm		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATEST	CIAL SECURITY NO. 8-24-8378	17 INFORMANT	G. Dav	ADDRESS 3200	milford	Auc
DS, 201 W. PRESTON ST., BA quires that the death certificant righted by the attending physic than pilease remarks achomoop to buriol, cremation, or remark mirry, or other traumatic event,	HON	PART 2 OTHER SIGNIFICANT COM	Y: (AUSE (O) POPU DUE TO, OR AS A CO DUE TO, OR AS A CO (c)	ONSEQUENCE OF		ANO MA	OR CONDITION GIVI	APPROXIMATE INTERV. BETWEEN ONSET AND DI	EATH
AL RECO	TIFICA	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH	12
OFVITA CCIAN TO CCIAN TO Professional Profes	AL CERT	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MC	Y ONTH DAY YEAR	21c HOW INJURY C	OCCURRED (ENTER NATU	7		
(VISION IG Pley's attending for the bu-	MEDIC	21d INJURY OCCURRED AMILE NOT WHILE ATWORK	21e PLACE OF INJUI (AT HOME STREET, FACTO	RY	211 LOCATION		CITY OR TOWN	COUNTY STA	ATE
D HOSPITAL OR ATTENDED for the hospital or O PUNERAL DIRECTOR, At model for detected for use of the State Dept. of the other APORTANT if them 21 is min	STATE OF THE PARTY	27a I certify that (I) (this hospital) saw the deceased alive an abave, (I) (we) (did) (did not) v 27b. SIGNATURE 27d PHYSICIAN'S NAME (1VP) OR PR	ew the body after dea		19_dd that in (my) (our) op DEGREE ATTEND PHYSIC	ING MEDICAL	on the date and hour	9 82, that (I) (we and from the couses state 172C DATE SIGNED	,
04 544 g	23a. B	URIAL, CREMATION, REMOVAL	3b. DATE	23¢ NAME OF C	EMETERY OR CREMAT	CITY OF	ON TOWN	COUNTY STA	ITE.
DHMH-16 50M 1/81 (VRA 15, 4)	24. FU	INERAL DIRECTOR NAME m. C. March	7/17/82 2/H 1101	ADDRESS Nort		a DATE REC'D. BY REC	BE CHARLES	Jan Marke	20

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DIVISION OF VITAL RECORDS, 201 W. PRESTON 57., BALTIMORE, MARYLAND 21201	6	1.10 f
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	TO HOSPITAL OR ATTENDENG PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4.0 retained by the hospital or otherdring physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherwing physician and completely filled in by the funeral director should be detached for are as the bursol straint permit. Then please collaborablem, Poges I and 2 should be filled within 72 hours give with the State Capt of Health and Membil Hygiene prior to bursol, cremother, or removal. IMPORTANT, if them 21 is marked or than 18 shows any injury, or other traumatic event, the medical examiner results and other.
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	DEC	REGISTRAR EASED NAME FEST		WEIDIE		FICATE OF DEATH	REG.	-	241	-
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oth oth		CEASED NAME FIRST		MIDDLE	LAST	C		DATE OF C	1		DAY Y	EAR	2b HOU	JR TO F
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TO HOSPITAL retained by the TO FUNERAL should be detromished by the State with the State important:		22d. PHYSICIAN'S NAME A. FOON 9	R PRINT)		22e	ADDRESS UNIV.	of h	ld h	1050	1				
	23a B	URIAL, CREMATION, REMOVAL	23h DATE		NAME OF CEMET	ERY OR CREMAT	TORY 2	3d LOCATI	ON					100
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	1			STATE OF MARYLAND		
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noy be page 3	3. S	HELEN	1 RACE	DAVIS	4	12 82 6 25 pm
or poster	E	EMALE	White	Feb. 6 1912	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	FUNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN
1 1 8	20	BIRTHPLACE STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
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The low on it permi	CERTIFICATION	4. 5. 82	COYCINONIC	ch operation was performed Larmos	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{ccc} NO \(\begin{array}{ccc} \end{array} \)
SICIAN. Tag physical certificate intol-transi ental Hyg Item 18 sh	MEDICAL CER	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
ottending of the bust of the b	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIFICATION OF CTOR A for use of the old for us		sow the deceased alive or above (did) (did)	view the body ofter death	32 ond that in (pr) (our) opinion	death occurred on the date and h	19 6 (we) lost nour and from the couses stated
TAL OR y the horal DIRE detoched fore Dept of the National State of the Direction of the Di		22b. SIGNATURE	num.	M-D . ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED 64. 12. 82
o HOSPITA etoined by TO FUNERA should be de with the Stot		R · D · F	PRORA	St. Agn	e's flospital,	, Baltinote.
BP	В	BURIAL, CREMATION, REMOVAL UTIAL		R. NAME OF CEMETERY OR CREMATORY 82 New Cathedral	23d. LOCATION CITYOR TOWN Balto:	City Md.
DHMH - 16 50M 1/BI (VRA 15, 4)	24 I	ingleton Fune	eral Home Gle	n Burnie Md	R 1 6 1002	

C & S topological and a second s from with the south was 23 5 2. The same of the sa requires that the death certificate be executed within 24 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

1	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0	9 1 1 0
		CEASED NAME FIRST LEONA	MIDDLE B	DAVIS	20. DATE OF DEATH MONTH	-82 25 HOUR 9:50 M
	3. SE	FEMALE	4. RACE WHITE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
15		RTHPLACE (STATE OR FOREIGN COUNTRY) ENN SYLVAN I A	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
40		BALTIMORE	ST NSUCA GNESS TH		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE nursing aide	126. KIND OF BUSINESS OR INDUSTRY
35	Ma	ryland	SUNTY 136. GITY OR TOV Baltimore Arbutu	YN 13d. INSIDE CITY LIMITS? YES NO (1)	13e STREET ADDRESS 5513 Selma Ave.	21227
280		William	MIDDLE Davis	15 MOTHER'S MAIDEN NA Margaret	MIDDLE	Connelly
2 medico		VAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (15 YES)	GIVE WAR OR DATES)	-9659 Robert We	alf 5921 Oakla	nd Rd. 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, ar ather traum	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 5000000000000000000000000000000000000	DUE TO, OR AS A CONSEOU	ENCE OF	ainal disease or condition givi	dend 9:20 AM
Aug Soul	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO N
em 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART LOR PART 2)
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mc		saw the deceased alive	ospital) attended the deceased fram on 121 191	, 19 <u>82</u> 32, and that in (my) (aur) apinion	, ta, death accurred an the date and hour	19_82, that (I) (we) last r and from the causes stated
NT: If hen		226. SIGNATURE	1. B. Pats mo.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4.21-82
IMPORTANT: IF		DR. RICHA	ARD PATT	27. ADDRESS 90 SO CAT	ON AVE BALTO	MD 21229
	(urial, cremation, remov Burial	7AL 236. DATE 4/23/82 73c. 1	Name of cemetery or crematory New Cathedral	Baltimore (i	
1/81	24 FL Aml	riche Juneral	Home 1328 Sulphin	r Spring Rd AP	R 21 1982 Registrar	PAR SIGNAMOREOUS

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FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0 9	111
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	illian	P. DAV					35 830 6
3. SEX	4 RACE		5. DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 H
Female	White		Jan		81	YRS.	
Balto., Md	76 CITIZEN OF W	VHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED X	9 BALTIMORE CITY OF BALTIMORE		ATH
HALTIMORE BALTIMORE	UNION	FACILITY, GIVE STREET MEMORIA	ADDRESS)	OR OTHER INSTITUTION SPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	OF WORKING LIFE) INDU	IND OF BUSINESS
Md.	DUNTY	Balto.	E ADMISSION) 'N	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 3821 Pleas	ant Pl.	21211
14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	17	LAST
Samuel 160 WAS DECEASED EVER IN U.S (YES NOOR UNKNOWN) (IF YES	н.	Davis		Annie	М.		llison
	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI		
No		213-03-	7555	Lillian Davis	s 3821 Ple	asant Pl.	21211
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OD COMPRINTING COMPLETO	DEATH HOUR A.M	. MONTH DA	AY NEAR	2 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TO RART I OR RA	(RT 2)
(IF EITHER NOTIFY MEDICAL EXAM	ZIe, PLACE O		ARM ETC)	ZII LOCATION STREET	CITY OR TO	wn COUN	NTY STATE
22a I certify that (I) (this his sow the deceased alive above, (I) (we) (did) (did	28/2/40	19	-	nd that in (my) (our) opinion o	to 3 8 C	te and hour and fro	
226 SIGNATURE	Wa	W		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR PHYSIC	FF A O	S8/274 L
22d PHYSICIAN'S NAME (I)	SALD 1	9 SAW		27e ADDRESS WNIDN	MEMORIA	IL HOSY	7
Burial CREMATION, REMOVE	AL 23b. DATE			y's Cem.Hampde		COUNTY	Md."
A.ALan Seitz Fur	neral Home	3818 Ro	land	Ave. 25a DATE	REC'D. BY REGISTRAR	THE GISTRON SK	GHRYTHE CAN

7BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF	DEATH 0 4	0911
	PECEASED NAME FIRST MARV	N DAVIS	REG. NO.	BAY YEAR 126 HOU
	MALE BURTHPLACE THAT OR FOREIGN	4 RACE S. DATE OF BIRTH BLACK S. DATE OF BIRTH MONIH 10 20 20 20 20 20 20 20 20 20	6 AGE (IN YEARS LAST BIRTHOLY)	FUNDER TYEAR IF UNDER
19	26 A	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVE WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN	DIVORCED BALTIM	IZE KIND OF BUSINE
19	BALTIMURE HALFESTOFICE (IF NURSING HOME	(IF NOT IN SUCH FACINTY, GIVE STREET ADDRESS)	RTAL (TYPER WORK FOR MOST OF WORK	
20	FATHER'S NAME	BACT MOREYES DIS MOTHE	CITY LIMITS? 130. STREET ADDRESS NO 1 1911	ARATOGA S
160	WAS DECEASED EVER IN U.S. A		AANT ADDRESS	» LAST
1	Yes	inte war or Dates) 259-12-9540 u	Villie Low Davis 191	1 w. Saratoa
r ather traumable event	PART I. DEATH WAS CAU		Cardiomizopathe ture Hear fai	actorite)
Serion Serion	PARTE OTHER SIGNIFICAN 190 DATE OF OPERATION	Jan Den a Mark	ED TO THE TERMINAL DISEASE OR CONDITION COLUMN TO THE TERMINAL DISEASE OR CONDITION CORMED 700 AUTOPSY? 700	LEWOLD IF YES, WERE FINDINGS USED
2/10		· · · · · · · · · · · · · · · · · · ·	INC	ERTIFYING CAUSES OF DEAT
	21a. ACCIDENT WAS UNDERLYING	The state of the s	NJURY OCCURRED (ENTER MATURE OF INJURY IN ITE	
Method at Charles	OR CONTRIBUTING CAUSE OF C LIFETIMER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
*** (M	OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINATION OF COLUMN AT WORK AT W	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) Dital) oftended the deceosed from	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE	COUNTY 51
i if hen 21 is marked or lien; 1	OR CONTRIBUTING CAUSE OF CITE ETHER NOTIFY MEDICAL EXAMIP 21d INJURY OCCURRED WHILE ALWORK ALWORK 22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCA STR 19 21f. LOCA STR 19 21f. LOCA STR 19 21f. LOCA STR 19 21f. LOCA STR Dital) oftended the deceosed from Divine the body after death. DEGREE	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITI	COUNTY ST COUNTY ST A hour ond from the couses sta
MPORTANT If them 2) is marked or frem 1	OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINATION OF COLUMN AT WORK AT W	HOUR A.M. MONTH DAY YEAR P.M. 19 The PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) The place of the deceased from the place of	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ESS	COUNTY 51 COUNTY 51 19 , that (1) w d hour and from the couses sta

the state of the s

Surger Strange Mer & North April 20 1987 American

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagewd-may being

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral a should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed within 72 he with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	0	9	1	1	3
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								REC				
	CEASED NAME OR PRINT)	OLIVE		C •	DAWK			20. DATE OF DEAT		1982	TO:	55
3. SEX	x Female		4. RACE White		5. DATE OF	BIRTH DAY	YEAR 90	6. AGE (IN YEARS LA		MONTHS DA		24 H
	RTHPLACE (STATE COUNTRY)	OR FOREIGN	N. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER A	AARRIED	9 BALTIMORE CIT				
10 CI	ITY OR TOWN OF [EATH	11. NAME OF H	OSPITAL, NURSING HEACILITY, GIVE STREET A	G HOME OF	* VII	-	12a USUAL OCCUI	PATION OST OF WORK!	NG LIFE! 12b. KIN		_
13a. S	AL RESIDENCE (# N STATE TYLAND	URSUNG HOME OR H	OTHER INSTITUTION TY	es Hospit GIVE RESIDENCE BEFORE 136. CITY OR TOWN Ellicott	ADMISSION)	13d INSIDE CI	TY LIMITS?	Homemakes 13e. STREET ADDRE 8909 Old	SS		Home 2	104
14. FA	ATHER'S NAME FIRST		AIDDLE	LAST Chap	100		MAIDEN NAM			21	unknou	
	VAS DECEASED EV YES, NO OR UNKNOWN)	ER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUR	RITY NO.	M. R.	Porter		as #			
	429	IMMEDIATI	DUE TO, OI	R AS A CONSEQUE	TABI	C CC	11905	iwe fe.	TUPY			_
	Conditions, if a gave rise to cause (a), sta underlying con	mmediate ting the use last.	(c)	ASCVD,	1116	eipl 1	-18					
TIFICATION	gave rise to cause (a), sta underlying can	mmediate ting the use last.	ONDITIONS CO		PEATH BUT N			INAL DISEASE OR C	20b. IF	GIVEN IN PART	DINGS USEI	TH?
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	gove rise to couse (a), so to couse (a), so to underlying counderlying country was a contribution of the country was a	MINED THE SEE OF THE S	ONDITIONS CO 196 CONDI 196 CONDI 216 TIME O HOUR A./ P./ 21e PLACE (AT HOME, SIR al) attended the	TION FOR WHICH (FINJURY M. MONTH DA A. DE INJURY EET, FACTORY OFFICE, FA e deceased from 19 Coftef death.	OPERATION Y YEAR 19 ARM. ETC.)	216. HOW IN. 216. LOCATIO STREET 216 HOT IN (my) EGREE	JURY OCCURR JURY	280 AUTOPSY? YES NO ED (ENTER NATURE OF	20b. IF IN CE	YES, WERE FINERTIFYING CAUSE TO THE PART TO OR PART TO OR PART TO OUNTY TO THE PART TO THE	DINGS USE SES OF DEAT NO [2] 2) . that (I) (i) the couses sta	TH?

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retained by the hospital or attending physician.

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-	3 SE	willi ×	AM W.	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDA	Λ
(Ri		MALE	NEGRO	MAR. 16	1915	67	WONTHS DATE HOURS MIN
1		IRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVI	DIVORCED [9 BALTIMORE CITY OR CO BALTIMORE	
R		ITY OR TOWN OF DEATH LTIMORE	VAME OF HOSPITAL, NURSIN	BLVD. BAL	TO. MD	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
35	30.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOW BALTIMO!	THE THE TEST	E CITY LIMITS?	13e. STREET ADDRESS	930 WINCHESTER STR
300		JOHN	MIDDLE LAST GREEN		ER'S MAIDEN NA	WIDDLE	DEAN
medico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES WW	SIVE WAR OR DATES)	701		CE THOMPSON	2930 WINCHESTER S
oumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUI		CUBITI		新国民国的
ows ony injury	RTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 4/12/9 Z	DUE TO, OR AS A CONSEQUIDAD DUE TO, OR AS A CONSEQUIDAD PLATE OF A PLATE OF A PLATE OF A CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH SEPS/5/5-D/0	PLE DECEMBER OF THE PROPERTY O	TED TO THE TERM US F/S FORMED OLOSITA	IN AL DISEASE OR CONDITION TOLA 200 AUTOPSY? YES X NO	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sigma \)
iar to buriol	EDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT PYELVNEPH	DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF A CONSEQUIDATION OF A CONSEQUIDATION OF A CONDITION OF A COND	PLE DECEMBER OF THE PROPERTY O	FORMED OLOSIES INJURY OCCUR	INAL DISEASE OR CONDITION 200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN	DE IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH? YES NO NO PART 2)
detached for use as the buriol-transit permit. Then plea tote Dept. of Health and Mental Hygene prior to buriol NI: If flem 21 is marked or Item 18 shows ony injury, an	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost the underlying couse lost PART 2 OTHER SIGNIFICANT SIGNIFI	DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF A CONS	PEC OF ENCE OF EGIN DEATH BUT NOT RELA CUTANCE OPERATION WAS PEF AY YEAR 19 ARM. EIC.) PEGREE DEGREE	TEO TO THE TERM FORMED OLOSIT INJURY OCCUR ATTION ATTENDING PHYSICIAN E	INAL DISEASE OR CONDITION 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN	COUNTY STATE COUNTY STATE 19 82, thortal (we) lost ond hour and from the causes stated
thed for use as the buriol-transit permit. Then pleatent of Health and Mental Hygiene prior to buriol them 21 is marked or Item 18 shows ony injury, an	MEDICAL	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that X() (this has sow the deceased alive or obove alive (did) (day)	DUE TO, OR AS A CONSEQUIDATION DUE TO, OR AS A CONSEQUIDATION DUE TO, OR AS A CONSEQUIDATION TO CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH SET S - DID 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH APPRIL 196 CONDITION OFFICE FOR THE STREET FACTORY OFFICE FOR THE STREET	PERCE OF EGIN DEATH BUT NOT RELA CUTANGE OPERATION WAS PER AY YEAR 19 APRIL 1 82 . ond that in (a) DEGREE POPERATION DEGREE P	OF OST OF STEEL ST	INAL DISEASE OR CONDITION 200 AUTOPSY? 200 AUTOPSY? IN YES NO CITY OR TOWN CITY OR TOWN TO APRIL 15 deoth occurred on the dote of	COUNTY STATE COUNTY STATE 19 82, thortal (we) lost ond hour and from the causes stated

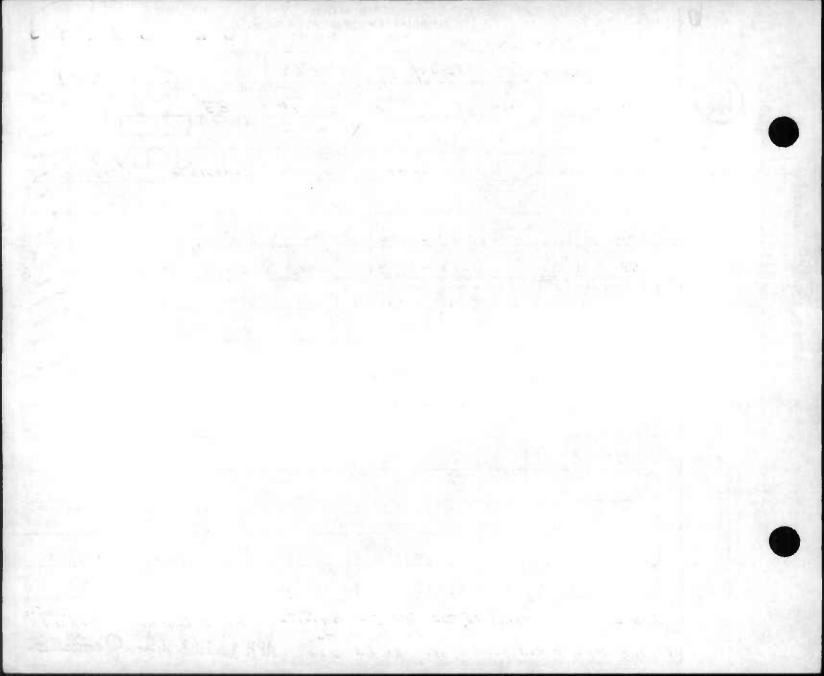
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law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

		500			OF MARYLAND				
100	1 -	FOR STATE REGISTRAR	MAQQQ Y		ALTH AND MENTAL HYGII CATE OF DEATH	ene 8 2	0	91	1 3
		CEASED NAME FIRST	WIDDLE	LA	ST		MONTH DAY	YEAR 2	HOUR
-	TITPE	ARM	ANDO , FLEURY	DE.	BARROS		4 9	82 11	1 10 A
1/18	3 SEX	(4 RACE	5. DATE OF	BIRTH YEAR	AGE (IN YEARS LAST BIR	(HDAY) IF U		UNDER 24 H
U		MALE	WHITE	5	- 25 - 98	83	YRS	INS. DATS M	OUKS M
Ba		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
1/		rezopolis,	BRAZIL	WIDOWED	DIVORCED	Cit	ч		
41.	II, CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			170 USUAL OCCUPATION	WORKING LIFE)	12b. KIND OF B	USINESS
1777		BALTIMORE	6000 SOMBR		110 SPIPE	CONSULAT	2	GOVERA	VHEN.
\$ P	43a. S	TATE 136 COU	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 136. CLTY OR TOW		136 INSIDE CITY LIMITS?	3e. STREET ADDRESS		-	
5		MD	BAGI		YES NO D	5820 N.	Charles	51.	2/2
SEO/	IA FA	THER'S NAME	MIDDLE		15 MOTHER'S MAIDEN NAM	MIDDLE	-	LAST	1
3/6	<u> </u>	SCAR Altre	to reary dissi		Julieta	Dueiroz		usy .	deBa
dico		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		17 INFORMANT	AGORE	71	1 0	
Ĕ		NO	212-1	78-034	8 MRS. Y	UE 11. 1	leury	deBa	3220
injury, or	NOI		CONDITIONS CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TERMIN	ial disease or cont	OITION GIVEN	N PART Ita	
Con	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDING	CLICED
M /						YES NO	IN CERTIFYIN	G CAUSES OF	DEATH?
lem 18 show	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	EATH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURRE		YES [G CAUSES OF	DEATH?
rked or them 18 show	CAL	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DA	19	211 HOW INJURY OCCURRE 211 LOCATION 51REET		YES T	G CAUSES OF	DEATH?
s morked or Item 18 show	_	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE NOT WHITE AT WORK	EATH HOUR A.M. MONTH DA	19	211 LOCATION	D (ENTER NATURE OF INJUR	YES TO YES TO YES TO YES TO YES	G CAUSES OF	DEATH?
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Hem 21 is marked or Hem 18 show	_	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE NOT WHILE AT WORK 22a 1 certify that (1) (this hosp	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	19 ARM, ETC)	2H LOCATION STREET , 19 I that in (my) (our) opinion de	D (ENTER NATURE OF INJUR CITY OR TOT , 10 oth occurred on the do	YES YIN ITEM 18 PART I	G CAUSES OF OR PART 2) COUNTY	STATE of (I) (we) livuses stated
VT: If Item 21 is marked or Item 18 shows	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE AI WORK AI WORK 22d I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 278. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F oottol) ottended the deceosed from (bit) view the body offer death.	19 ARM, ETC)	211 LOCATION STREET , 19 I that in (my) (our) apinion de	D (ENTER NATURE OF INJUR	YES TO YES IN THE METERS TO SERVE THE SERVE TH	G CAUSES OF OR PART 2) COUNTY , tho	STATE
Ž	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE ALY WORK 220. I certify that (I) (this hosp sow the deceased alive a obove, (I) (we) (did) (did in 27b. SIGNATURE LAMMAN 22d. PHYSICIAN'S NAME (TYPE)	PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F pitol) ottended the deceosed from (bit) view the body ofter death. OR PRINT)	19	211 LOCATION STREET , 19 I that in (my) (our) opinion de EGREE ATTENDING PHYSICIAN 27e ADDRESS	CITY OR TO	YES TO YES IN THE WIN	G CAUSES OF OR PART 21 COUNTY , tho d from the cou	STATE of (I) (we) livuses stated
	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE AI WORK AI WORK 22d I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n 278. SIGNATURE	PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F Dital) ottended the deceased from (AT You've the body offer death.) OR PRINT) A CULT M OR PRINT)	19 : ARM, ETC)	211 LOCATION STREET , 19 I that in (my) (our) opinion de EGREE ATTENDING PHYSICIAN 27e ADDRESS	CITY OR TO	YES TO YES IN THE WIN	G CAUSES OF OR PART 21 COUNTY , tho d from the cou	STATE of (I) (we) livuses stated

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.



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6	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAI BEALTH AND M	ENTAL HYG	0 2	. NO.	9	16
7		CEASED NAME E OR PRINT)	FIRST	1170	MANNS	DeMai	nss		20 DATE OF DEAT		3 52	26 HOUR 9:40 PM
0		ale		RACE Whi te		5. DATE (DAY	YEAR 18	6 AGE (IN YEARS IA	ST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
33	BIRTHPLACE (STATE OR FOREIGN 76 C			U.S	WHAT COUNTRY? 8		Baltimore City or County Of DEATH			MD.		
31	Ва	ltimore		Balti	HOSPITAL, NURSIN HEACILITY, GIVE STREET MOTE Cit	ADDRESS)		011011	128 USUAL OCCU (TYPE OF WORK FOR M Police	OST OF WORKING L	FE) INDUSTRY	imore Co
35	13a Ma	AL RESIDENCE (IF NUR STATE Lryland	136 COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOW		13d INSIDE CIT	Y LIMITS?	13e STREET ADDRE		Avenu	e
30	14 F.	Julius		L.	DeMans			MAIDEN NA	ME	LE.	Mar	rone
2		NAS DECEASED EVER YES NO OR UNKNOWN) NO	IN U.S. ARMI		218-10-		17 INFORMAN			ss-Ba]		son Ave. MD.21224
		18 CAUSE OF DEAT PART I, DEATH W		BY:	line for (a), (b), and CARDU		AIWRE				BETWEEN	OMSET AND DEATH
		Conditions, it only		DUE TO, OF	AS A CONSEQUE	NCE OF	us Aeno	MINAL	Austric Av	ieur 95m		
		cause (a), statir underlying couse	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF				7		
	TION	PART 2 OTHER SIG	. 117 0									
2	RTIFICATION	4-2 82		Abda	TION FOR WHICH	0	ungen		YES NO	IN CERTI	S, WERE FINDII FYING CAUSES ES	
9	EDICAL CE	210 ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	P./	M. MONTH DA	Y YEAR	100		RED (ENTER NATURE OF	INJURY IN ITEM IB	PART I OR PART 2]	
	E	21d INJURY OCCUR	RED	21e PLACE C	OF INJURY	Das Etc.	211 LOCATION	i .	CITY	RIOWN	COUNTY	STATE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Alential Hygiene prior to buriol, cremption, or removal. TO FUNERAL DIRECTOR. After this certificate has PHYSICIAN: The etained by the haspital or attending physician IMPORTANT: If Hem 21 is marked NOT WHILE OR ATTENDING 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive on April 2 19 saw the deceased alive on obave, (1) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death accurred on the date and haur and from the causes stated DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS SMOL 230. BURIAL, CREMATION, REMOVAL Burial

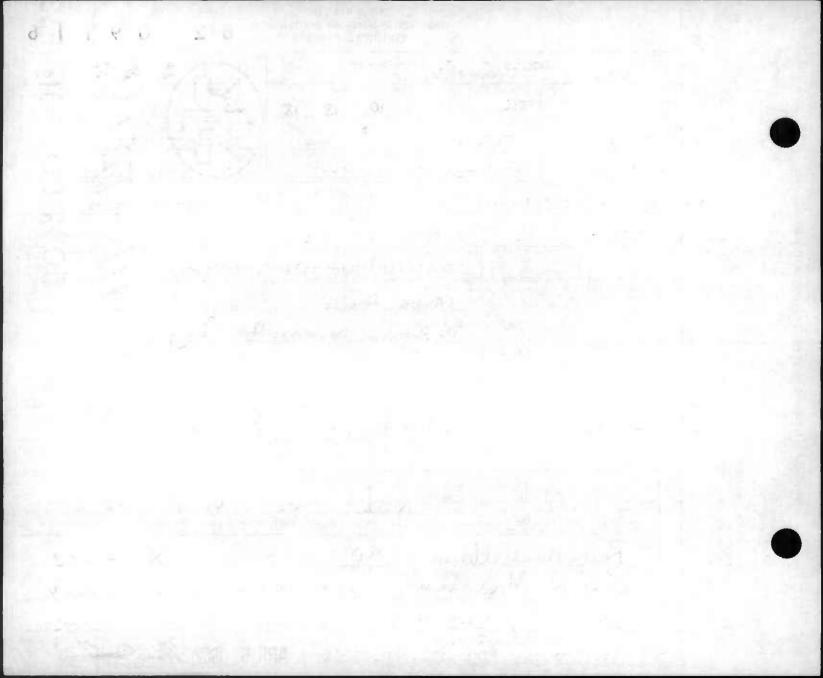
DHMH - 16 50M 1/81 (VRA 15, 4)

23d LOCATION
CITY OR TOWN
Baltimore

22c. DATE SIGNED

4/6/1982 Most Holy Redeemer eemer Baltimore Maryland
250 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Duda-Ruck, INC. ADDRESS 7922 Wise Avenue

Dundalk, MD.21222



X			1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	0 9)
	1 050			CEASED NAME FIRST	Sumn	rerfield	_	empster, sr.	20 DATE OF DEATH	Am 125	YEAR - 19
	(M)		3. SE	male	Cauca	sian	S. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) IF U	INDER I YE
•		:3		RIHPLACE (STATE OR FOREIGN COUNTRY) Relay, Md.	U	F WHAT COUNTRY?	WIDOWE		Baltimore City	YOR COUNTY OF	DEATH
201	to the fact of the filled with	10	10.C	altimore		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET Keswick	ADDRESS]	or other institution	120 USUAL OCCUP. (TYPE OF WORK FOR MO! Civil En	ST OF WORKING LIFE!	12h KIM INDUSTI
AND 21	filled in	S Carre		AL RESIDENCE (IF NURSING HO) STATE Md.	AE OR OTHER INSTITUTIO OUNTY	Baltimo:	N	13d INSIDE CITY LIMITS? YES [X] NO [13e. STREET ADDRES 3811 Cant	s erbury R	oad
MARYL	mpletely and 2 sh	Donald .	14 FA	ATHER'S NAME John Edg	ar Demps	ter		15. MOTHER'S MAIDEN NA	largaret S.	Smith	3
IMORE,	n ond co	medicol	16a V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES? S GIVE WAR OF DATES! V-1 WW-11	212 09 3	RITY NO. 994	Mr. John S.		Jr. 7909	Rux
T., BALT	physicia in popers imavol.	vent, the		18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	er anly ane cause po USED BY: DIATE CAUSE (a)_	er line for (a), (b), and	1	v Arrest	_		BETWE
STONS	deoth cer thending ive carbo	oumotic e	j	Conditions, if any, which	DUE TO,	or as a conseque	NCE OF		Carrix	10 MA	2
W. PR	hot the a by the a ase remo	other tro	H	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO,	OR AS A CONSEQUE					1
RDS, 20	equires t n signed Then ple r to burio	injury, or	ATION	PART 2 OTHER SIGNIFICA Strake 190	NT CONDITIONS	CONTRIBUTING TO	Oh ch	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIVEN	IN PART
11 RECO	he low r on. has bee r permit.	Auo sond	CERTIFICAT	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 ANTOPSY?	20b IF YES, W IN CERTIFYIN YES	IG CAUS
OF VITA	CIAN: T physical printicate of transi	48 8 m	AL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEER NOTIFY MEDICAL EXAM	F DEATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF IT	VIURY IN ITEM 18 PART 1	OR PART
NO	HYSI ading	o #	EDIC,	21d INJURY OCCURRED		OF INJURY	19	211. LOCATION	647-00	10	COUNTY

ON GIVEN IN PART 110 CERTIFYING CAUSES OF DEATH? YES [NO [ITEM 18 PART 1 OR PART 2) COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE TO FUNERAL DIRECTOR: After 22a 1 certify that & (this hospital) atjended the deceased from saw the deceased alive an 4.23 - 22 19 m 21 is r should be detached for u with the State Dept. of He IMPORTANT: If Hem 21 is saw the deceased alive an and that in (my) opinion death occurred an the date and hour and fram the causes stated 72b. SIGNATION DEGREE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE 4/26/82 Burial BP Druid Ridge Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INCORESS 6500 York Rd. (VRA 15, 4)

STATE OF MARYLAND

2h HOUR

126 KIND OF BUSINESS OR

LAST

7909 Ruxway Rd.

IF UNDER I YEAR

INDUSTRY Oi1

DHMH - 16 50M 1/81

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-	1	FOR STATE REGISTRAN	DEPARTM	NENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	IENE 8 2	0 9	1 1	8
1	{TYPE	CEASED NAME FIRST	4 Deshi	عادك	80.	41	10/83	6	HOUR HOER 24 HRS
1	1. SE)	male	A RACE Black The CITIZEN OF WHAT COUNTRY?	5. DATE OF BII	DAY YEAR OH	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOU	
3		Naryland	USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Batt	mine (the	MD.
0	10 CI	TY OR TOWN & DEATH	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET A		THER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST O		KIND OF BUS USTRY	INESSOR
5	USU/ 13a. S	AL RESIDENCE IF NURSING HOME OR OF STATE 136. COUN	TY ISL CITY OR TOWN	ADMISSION)	INSIDE CITY LIAMS	3513 F	nest p	ank	sue
20	14. FA	Charles A	AIDDLE Desheld	ري الا	MOTHER'S MAIDEN NAM	neth MIDDLE	b	LAST	
/		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) JIF YES, GIVE	WED FORCES? 166 SOCIAL SECUE WAR OR DATES) 2/2 0/	05 85 17	Joseph O	e Shields	Jr. 2412		
		PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	y one couse per line for (o), (b), ond BY: E CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	Myocan ASHD	which by	archan	APT LICE	DIATE
2	ERTIFICATION	CHF, 6	196. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WERE	FINDINGS U	
7	Ū	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	. HOW INJURY OCCURR	YES NO	YES 🗌	NO	D _
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211	LOCATION	CITY OR TO	wn cou	NTY	STATE
		22a I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE		ond the	of in (my) (our) opinion d	deoth occurred on the do			
		22d. PHYSICIAN'S NAME ITYPE OR	Man	MI	ATTENDING	MEDICAL STAF	F	4-10	-pr
		SHAUKAT	Y. KHAN	220	1528 King	g willian	n Brin	+, be	lb y

DHMH-16 30M 2/80 (VRA 15, 4)

etoined by the hospital or attending physician ATTENDING

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

Burial

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR wm. C. march F/H NOI E. North

4/15/82

23b. DATE

Auer

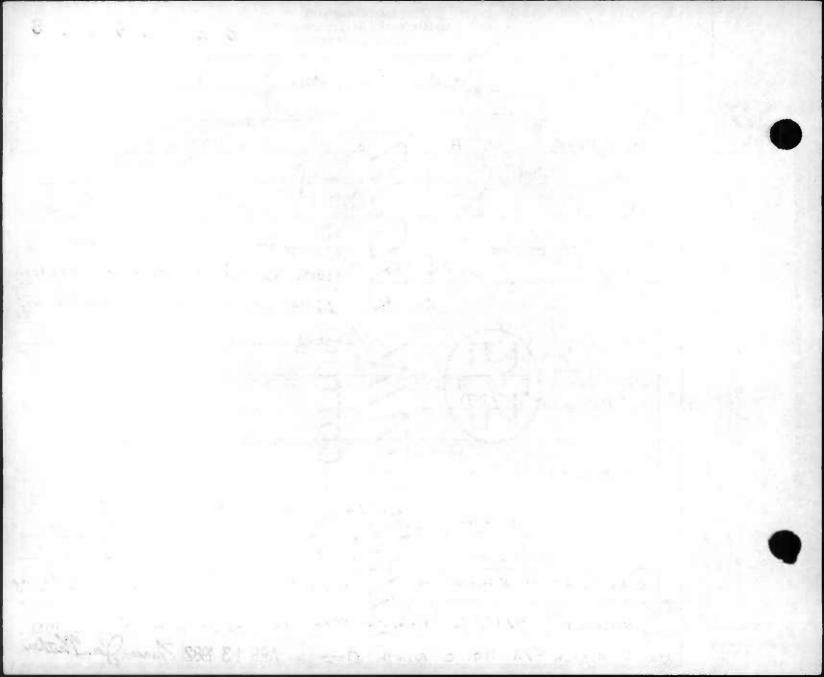
Arbutus Mem.

23c. NAME OF CEMETERY OR CREMATORY

Ph

23d. LOCATION
CITY OR TOWN
CALTIMO COUNTY

mo



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Jeoth. Page

requires that the death certificate be executed within 24 haurs after

indesety filled in by the funeral director, page 3 didd. Should be filed within 72 hours after death

medical

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

2	2	0	9	1	11:	9
O	ha					
	DEG NO	2				

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		
1. DECEASED NAME FIRST		MIDDLE	Į.	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Joh	in		Detes	ky	April 15, 1	982	M
3. SEX	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
Male	Whi	te	Dec	. 27, 1907	74	YRS MONTHS DA	AYS HOURS MIN
→a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
Mt. Carmel, PA.	U. :	S. A.	WIDOWE		Balto. City	•	MD.
Balto.	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS)	DR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Ticket Agent	ing life) 12b Kini ing life) INDUST Grey Hou	nd Com.
MD . STATE 130. STATE	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRESS 4201 Euclid	Ave.	
14 FATHER S NAME FIRST Louis	WIDDLE	etesky		15 MOTHER'S MAIDEN NA	WE		LAS1
160 WAS DECEASED EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUI		Mrs. Louise	Euclid Ave. Ba	lto. Md.	21229
18 CAUSE OF DEATH (Ente	r nolv noe cause ne	line for in this nor	Lier i			APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
	DUE TO, O	R AS A CONSEQUE	IT.	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART	O YRS
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	n was performed		IF YES, WERE FIN CERTIFYING CAU: YES []	
An an included the course of	F DEATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART	2)
GR CONTRIBUTING CAUSE OF CAPTURED AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased alivabove, (1) (we) (did) (di	e on 17 1 13	199	2. or	nd that in (my) (aur) apinion	death accurred on the date on	d hour and from	that (I) (we) last the causes stated
220/SIGNATURE	- 60 4	en			MEDICAL STAFF DIRECTOR PHYSICIAN	22c. D/	ATE SIGNED
22d. PHYSICIAN'S NAME (T	YPE OR PRINT)	SARZ		220 ADDRESS	250 NATE	Pixa	
23a. BURIAL, CREMATION, REMO	VAL 23b. DATE	2Jc. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY-	STATE
Entomb	4-17-	-1982 Lo	udor	Park Cem.	Balto.	0	Md.
G. METUMAN SC	hwab 35	12 Fred	eric	k Ave. APR	20 1982 TEAR	ECH STONE	HUBBLER

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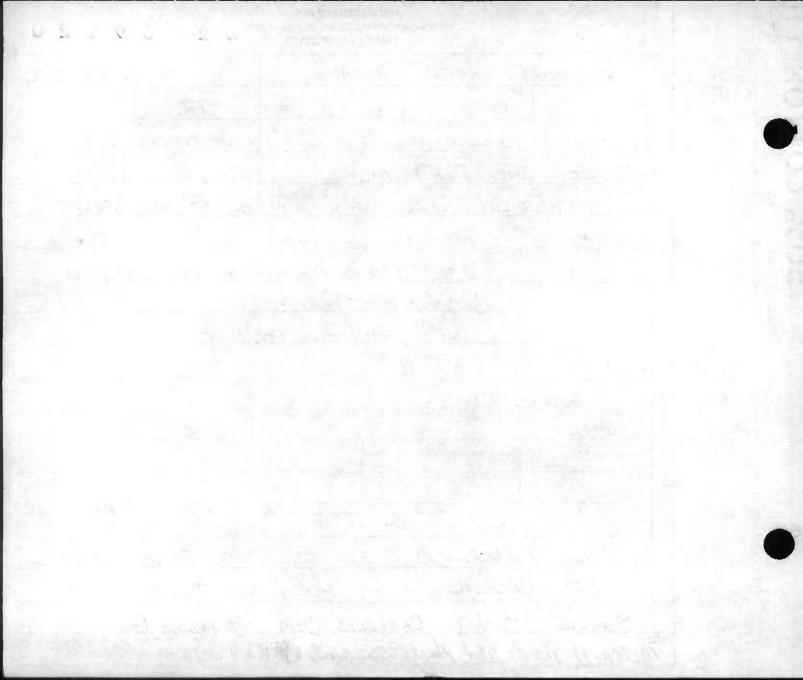
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

(VR A 15 (4))

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L	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	09120
moy be.	(TYPE	CEASED NAME FIRST OR PRINT) SR. MARY		DEVANE	20 DATE OF DEATH	4 16 82 /2:20m
0 g e 4 4 m	3 SE	F	C A	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS GATS HOURS MIN
deothing the state of the state		RTHPLACE STATE OR FOREIGN 76 COUNTRY TRELAND TY OR TOWN OF DEATH	TRELAND V	MARRIED NEVER MARRIED WIDOWED DIVORCED D	BALTIM	MD.
by the	B	ALTIMORE AL RESIDENCE (IF NURSING HOME OR OT	MERCY HOS	PIMAL	(TYPE OF WORK FOR MOST OF	F WORKING LIFE INDUSTRY
in 24 ho	13a. S	MD. BHITE	O. City BACT	13d, INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	301 ST.	PAUL STREET
Complete with Second			BEVAN	E MARY	MIDDLE	Fox
ALTIMORE to be executed to the second of the control of the second of th		VAS DECEASED EVER IN U.S. ARME		0 1	R.S.M. Mei	rey Hospilal
201 W. PRESTON ST., B. is that the death certifica ted by the ottending phys please remove carbonpop arrol, cremation, or remove , or other froumatic event.		18 CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED I IMMEDIATE (Conditions, if ony, which gove rise to immediate couse los, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQUENCE	E HEART FAILURE undetermined et	iology	BFTWEEN ONSET AND DEATH
TAL RECORDS, The low require reion. The box been sign six permit. Then ginen prior to but shows ony injury.	CERTIFICATION	Dabele 190 DATE OF OPERATION NOTICE	S Mellins 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\backstack} \text{NO} \text{\backstack}
O PHYSICIAN: The k offending physicion. ter this certificate has site buriol-transit per and Mental Hygiene ked or them 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE ON THIS AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	19 211 LOCATION	RED (ENTER NATURE OF INJUR	
DR ATTENDIN hospital or IRECTOR. Ati thed for use o ept. of Health them 21 is mon		220 I certify that (1) (this hospital saw the deceosed alive an above, (1) (we) (did) (did not) v 226 SIGNATURE	4/16 19	, ond that in (my) (our) opinion DEGREE	, to	19 22, that [II (we) lost are and hour and from the causes stated
TO HOSPITAL O retorned by the TO FUNERAL D should be defoct with the Stote DD with t		22d, PHYSICIAN'S NAME (TYPE OR PI	WHILMS CARROU	ATTENDING PHYSICIAN [220 ADDRESS MERCY	MEDICAL STAF DIRECTOR PHYSIC	BALTO. MO.
40 BP		BURIAL	236 DATE 236 C	NAME OF CEMETERY OF CREMATORY A + 60LIC CEM	23d LOCATION SAVANOS	16 GA STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	Mitchell - Wee	defeld Horres	6500 york (1)	R 1 9 1982	Prante Signature



FOR

- STATE

12b KIND OF BUSINESS Duncan St. Burley Dorothy Dews 421 Duncan St PAPPROXIMATE INTERVAL 20 AUTOPSY? YES . NO X 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 STATE Md. and in my apinian DATE SIGNED 4-12-82 111 Penn St., Balto., Md. 21201 24 FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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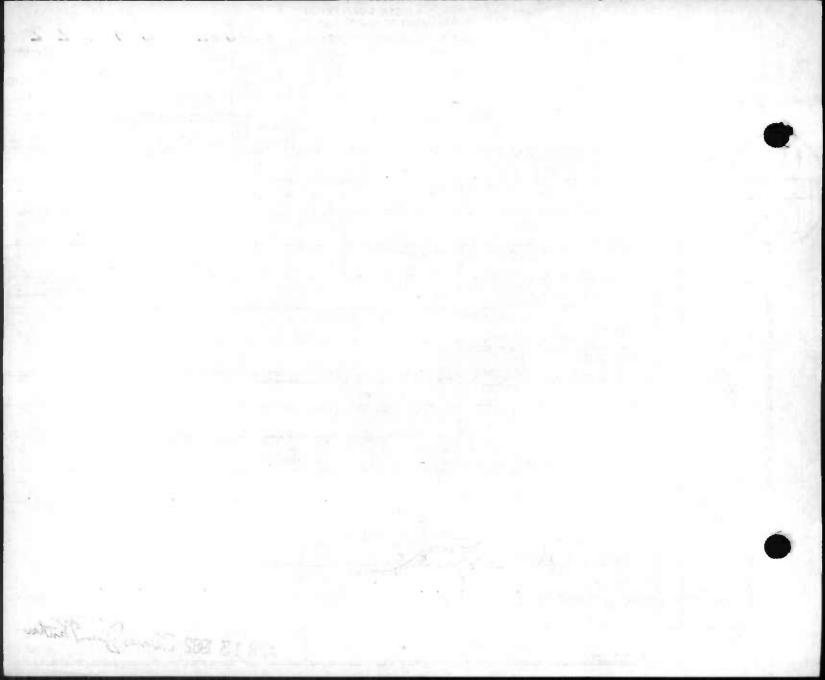
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STATE OF MARYLAND



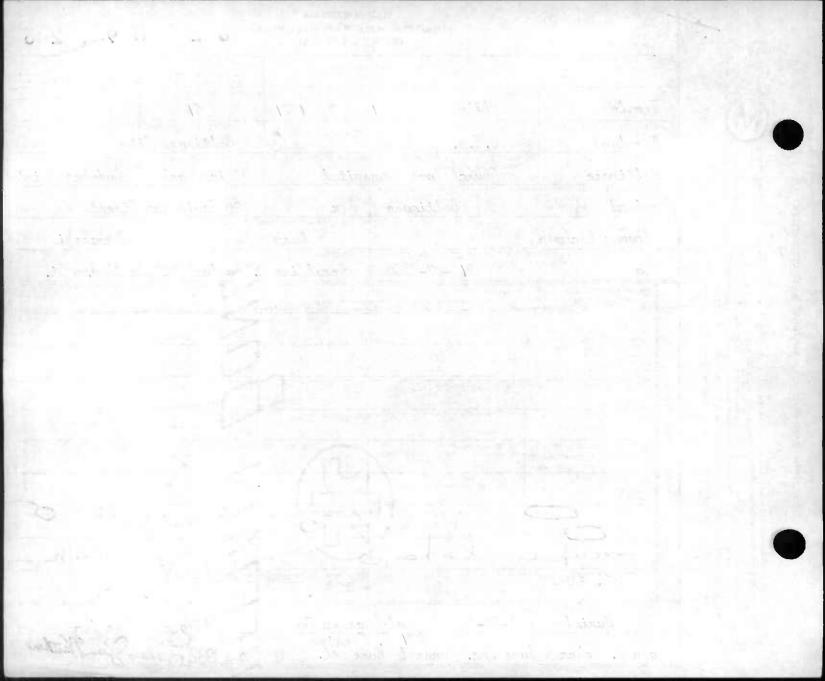
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hauss after death retained by the haspital or attending physician.
	OR
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be little with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

		STATE OF MARYLAND	
		DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE
FIRST	MIDDLE	(ASI	20.1

2	9	0	0	1	1	00.13
3	REG. NO.	0	1	1	4	Š

	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH B 2 REG. NO. O 9 1 2 3				
	CEASED NAME FIRST RITA	WIDDLE	D.	IEGEL	20 DATE OF DEATH APRIL 2	28, 1982 1:00A	
3. SE	* Female	White	S. DATE C	OF BIRTH 3 1921	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS	
	Maryland	U.S.A.	MARRIE		9 BALTIMORE CITY O Baltimo	ore City M	
	Baltimore 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SYCH FACILITY, GIYS STREET ADDRSSS) LUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			Hospital Office Work		DE WORKING LIFE! INDUSTRY,	
Mcz.	ryland 136. COUN		WN	13d. INSIDE CITY LIMITS? YES X NO		Ann Street	
	Thomas Lackman Middle		15 MOTHER'S MAIDEN NAM	Zaworski			
	WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (1E YES GIVE	war or dates) 166 SOCIAL SEC 218-07-		Geraldine	R. Bowley	220 South Ann St.	
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN						
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 196. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY		H OPERATIO	N WAS PERFORMED	206 AUTOPSY? YES □ NO.	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR					
MEDICAL	21d. IN JURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE	
	220. I certify that (1) (this hospital pattended the deceased from Sow the deceased alive on APRIL 28, 19 82, and that in (my) curriagnion death occurred on the date and hour or above, (I) (me) (did did not) view the bady after death 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT						
	DR. LUHAR			100 _N . BRO	CH HOSPIT		
- (BURIAL, CREMATION, REMOVAL (SPECIEY) BURIAL	23b. DATE 23c 4-30-82		Rosary Cem	23d LOCATION Buttimo		
	John M. Weber &.	4	101 .	hester 250. DATI	E REC'D. BY REGISTRAR	25h DECISTDA SICNIATHER	



	1-:	FOR STATE REGISTRAR				NENT OF	HEALTH	ARYLAND AND MENTA ERTIFICATI		345	REG.	0	9 1	2	4
(3)		EASED NAME	FIRST		WIDDLE			LAST		2a. DATE OF	KNOWN ESTI-	MON!	H DAY	YEAR	2b. HOUR
多			John		٧.			Dietz		DEATH	MATED	₩ 4	7	19 82	٨
	3. SEX	4	RACE	5 DATE OF BIRTH	1909	LAST BIRTHD	AY) MONTH	DER 1 YR. IF UN	S MIN.	PRONOUL	NCED	MONT	H DAY	19 82	2d. HOUR 9:08
NA NA NA	Ma Ze Bu	THPLACE (STATE	White	Sept 14		. —	RS.			0 RAITIM		Y OR COU	NTY OF	Accessorated to the control of the c	la M
DEATH. IF ANY DELAY IS NECESSED 1, 2, AND 3 TO THE FUNERAM AN 3. RETAIN PAGE 5. FOR AND 2. SHOULD BE FILED, WITHIN DE VITAL RECORDS, 201 W. PREST	FOI	ryland		U.S.A		KT;	WIDOW		ARRIED	Balt	Y			JEAIII	MD
15 N N N N N N N N N N N N N N N N N N N		Y OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NUR	SING HOM	E, OR OTH		12a US	MAL OCCU	PATION (12b K	IND OF BU	JSINESS RY
# S	16814	Baltimo	re	1537 Ra	msey 3	ot. CI	.223		Di	river			Tr	rucki	ng Co.
35	13a. S1	aryland	13b. COUN	OR OTHER INSTITUTION, GI TY	13c CITY C	efore admissi Or TOWN Timore	,	13d. INSIDE CITY LIMIT YES X NO			isay	Stree	t 21	1223	
21	14. FA	THER'S NAME FIRST	Louis	MIDDLE .	Diet	AST Z		15. MOTHER'S M.	Ruth	E	AIDDLE	Car	son	LAST	
1		YAS DECEASED E	I HE YES GIVE	MED FORCES? WAR OR DATES) — II		12-06		Joseph E	US 40	& 32 z/Balt	ADDRE to Li	W	rier ck M	ndshi Marke	p Md t
BE USED AS A BURIAL - TRANSIT PERMI NT OF HEAITH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.	Z	gave rise cause (a) sto lying cause	if any, which to immediate oring the under- last.	DUE TO, OR	AS A CONS	SEQUENCE	OF OF	Cardiova							
F MEDICAL D AS A BL HEALTH AN L, CREMAN	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR W	VHICH OPER	RATION W	AS PERFORMED?					20	AUTOPSY	?
2	TIFIC												3	YES 🗌	NOV
3	CAL CER	210. EXTERNAL OUNDERLYING CONTRIBUTING	OR	and the second second	MONTH	DAY YEA	21c. HC	OW INJURY OCCU	JRRED (ENTER	NATURE OF IN	UURY IN ITEM	18 PART 1 OF	PART 2)		
	MEDICAL	21d INJURY OCH WHILE AT WORK	OT WHILE DAT WORK	2 le PLACE (STREET, FAC	OF INJURY IORY, FARM, ETC	(AT HOME,		CATION TREET		CITY OR TO)WN		COUNTY		STATE
			hat I took charg	ge of the remains de ral causes	Accident	re, held an	Autap	, Inspection of the control of the c	Υ)	Inquiry termined m	onner [and in my], DA SIG	7.5	4-7-8	2
TO FUNERAL D AFTER DEATH, V BALTIMORE, MV	w3**	EXAMINER'S NA (TYPE OR PRINT	1110		ith, I			ADDRESS	1 Penn		Balt	0., 1	Md.	2120	1
A A A	(5	JRIAL, CREMATIC			1			R CREMATORY	Com 23d. L	OCATION Y OR TOWN		A A /14	OUNTY		TATE
		Urial JNERAL DIRECTO		04/12/82	lur		Md 2	/eterans(ATE REC'D. B	Y REGISTRA	111e/ AR 25b RE	AA/Ma	ary la	and 2	1032
)				Home/Prat	t & S1	tricke	er Sti	414431	APR 1	2 1982	A	rance	- Anna	las Co	Bell (Street

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the familiar should be detached for use as the busing-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with 2 though with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examine must be owied at one.
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/	1.	FOR STATE REGISTRAR	DEPARTM	LENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0	9 1	2	5
		CEASED NAME FIRST	WIDDLE		LAST		MONTH	DAY YEAR	26 HOUR	5
		Pota		Dir	mitri		April	15,1982	4	٨
	3 SE.	x Female	4. RACE White	S DATE O		6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DATS	IF UNDER A	AIN.
17		RTHPLACE (STATE OR FOREIGN COUNTRY) Greece	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWI	DIVORCED	Baltimore City of Baltimo	Marian.			ME
00	10. CI	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 3018 Glenmor	G HOME (DDRESS) e Ave	OR OTHER INSTITUTION	120 USUAL OCCUPAT (IYRE OF WORK FOR MOST OF HOUSEWIFE		IFE) 126 KIND C	OF BUSINES	
35		AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130 CITY OR TOWN Baltimor	٧	13d INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS	enmore	Avenue	9	
H	14. FA	THER'S NAME FIRST GUS	Paulopoulos		15. MOTHER'S MAIDEN NAM	MIDDLE	Hara	alapobol	ilos	Fig.
1	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1E YES, GIV NO	MED FORCES? 166 SOCIAL SECUR (E WAR OR DATES) 212-46-53		17 INFORMANT Mrs. Zacha	ADDR rias Dimiti		ame		
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	D BY (E CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		e Caruns				MATE INTERV ONSET AND D	
	TION		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	01	
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES		H?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	RART I OR RART 2)		
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC }	21f LOCATION STREET	CITY OR TO	wN	COUNTY	ŞT	ATE
		saw the deceased alive on	tal) attended the deceased from	, 01	nd that in (my) (our) opinion c	, to leath accurred an the d			that (I) (w	
	à	226. SIGNATURE		1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	
1	/	J. Alan Baldan			22+ ADDRESS	Road, Cocl	6.11	ille, Mo	a.	

DHMH=16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 4-17-82 23¢ NAME OF CEMETERY OR CREMATORY Greek Orthodox

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

23b. DATE

ATORY

23d LOCATION
CITY OF TOWN
Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR'S SIGNALIBLE

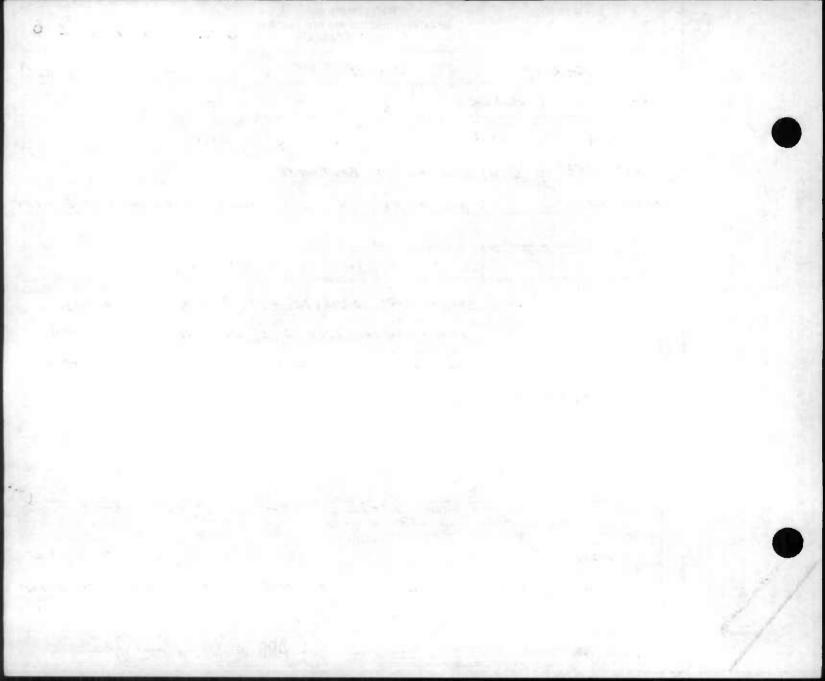
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P		STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIF	ICATE OF DEATH	REG. NO	D. MONTH DAY	YEAR	
	[TYP]	SHIR!	LEY	DIX	Distance	26 DATE OF DEATH	4 /	2	11240 N
	3. SE	× F	BLACK	5. DATE O		6 AGE (IN YEARS I AST BIR	MONT YRS	HS DATS	HOURS MIN.
99		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? B. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	MC
1/2	10 C	BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES SI NA HOSPI	RSING HOME (OR OTHER INSTITUTION	17a USUAL OCCUPATE TYPE OF WORK FOR MOST O		2b KIND OF NDUSTRY	BUSINESS OR
35	13a :	AL RESIDENCE (IF NURSING HOME OF STATE ARYLAND 136 COL	NTY 13c. CITY OR 1	FORE ADMISSION) OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ARK HG	75 A	VE 2121
300		ATHER'S NAME FIRST Iilton	MIDDLE Distance		15 MOTHER'S MAIDEN NAME Elzina	MIDDLE		Gros	s
e medicol		VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES, G	RMED FORCES? 16h SOCIAL S IVE WAR OR DATES) N/Z		17 INFORMANT Elzina Dawson	2318 Calve			14
vent, the		PART I. DEATH WAS CAUS	inly one couse per line for (o), (b ED BY: ITE CAUSE (o) RESPIR	ATORY	DISTRESS 2	· h fice		,	ATE INTERVAL NSET AND DEATH
er troumotic e		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	N MET	ASTASIS &		e.c	1 me	mth
jury, or of	N.		(c) CAM CONDITIONS CONTRIBUTING		THE BREAS		DITION GIVEN I	N PART 10	JELIS
ows ony ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTÓPSY?	206. IF YES, WI		
Item 18 sh		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER NOTIFY MEDICAL EXAMINI		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	FICE FARM, ETC }	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
of Heom		sow the deceased alive a	ot) view the body ofter death.		ed that in (my) (our) opinion o		te and hour one		not (I) (we) lost ouses stoted
ofe Ceps IT: If hem		22b. SIGNATURE	/		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 💇	22c. DATE S	- 82
MIN the Sto		22d PHYSICIAN'S NAME (TYPE	MARSHALL LEV	INE	SINAL HOS	P. OF BALTI	MORE	, un	212N
, ≤ ,		BURIAL, CREMATION, REMOVA SPECIF BURIAL	23b DATE 4/5/82		EMETERY OR CREMATORY Hill Cemetery				Md
1/81		UNERAL DIRECTOR WITTIAM C. Ma	rch F/H 1101 E.	North	Ave 25a DATE	R 5 1982	25V GISTRAD	SIGNATI	arth.

STATE OF MARYLAND



177	I	tem 13c g567 5/	6/82 gj	STA	TE OF MARYLAND			5-11		
	1.	FOR - STATE REGISTRAR	140 140		HEALTH AND MENTAL I	HYGIENE 8	2 REG. NO.	0	9 1 2	7
		CEASED NAME FIRST	WIDDLE		(AST	20 DATE OF	100.00	ONTH DAY		OUR
	(1	JAM	ES G	. Di	XON		(1-2	7-82	M
	3 SE	X	4 RACE		OF BIRTH	6 AGE (IN YE	ARS LAST BIRTH			DER 24 MRS
Di	1	MALE	NEGR	CO O	9 08 19	6	2	YRS	NINS DATE HOUR	MIN.
75		IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT	COLINTRY? 8	ED NEVER MARRIED	9 BALTIMOR	E CITY OR	COUNTYO	FDEATH	
(I)		MO	usp	WIDOW		0 Bal	tim	046	city	MD
1	10 C	ITY OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL O			126 KIND OF BUSI	NESS OR
1/XC	1	ALTIMORE	FEDERAL	** ***	esiNG Cente	1	OK INIOST OF	WORKING (IFE)	INDUSTRI	
ed to		AL RESIDENCE (IF NUR!		SIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS	? 13e STREET A	DDRESS			
100		mo Anne	Arundel Gle	en Burnie	YES NO	735		reen	Acres	Dr.
oc J	14. F.	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	MIDDIE			
ا ا	2	Granville	7	Dixon	Carri	10	V.		Bodie	
dicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	OCIAL SECURITY NO.	17 INFORMANT		ADDRES	S		The
2		No		7-16-1215	A Jean ette	Mahor	ien "	7352	Green F	tere:
t, th		18 CAUSE OF DEATH Enter on	ly one couse per line fo	rial (b) undfect	/1	6.			APPROXIMATE IN	TERVAL ND DE ATH
even.		PART I. DEATH WAS CAUSE	ED BY TE CAUSE (0)	XUL	Corcer	me				
otic		1629	DUE TO, OR AS A	CONSEQUENCE OF	0 .					
0.00		Conditions, if ony, which	(b)	Luy	lence				FINAL	
Jer 1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF						
or oth		underlying couse lost	(c)			12-				
ury, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE	OR COND	ITION GIVEN	IN PART TO	
No.	10	Alle	is m	Mule.						
:0	FICA	190 DATE OF OPERATION	196 CONDITION F	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOP	SY?	20b. IF YES, V IN CERTIFYII	WERE FINDINGS US	ATH?
of -	CERTIFICATION				1		NO	YES	□ NO	
18		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		NONTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATE	IRE OF INJURY	IN ITEM IB PART	TIORPART2)	
Hem	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
0	MEC	214 INJURY OCCURRED	21e PLACE OF INJ	TORY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
morkedor		AT WORK AT WORK				. 7				
.2		22a.1 certify that (I) (this hospi sow the deceased alive on	4 77		and that in (my) (our) opin			, 19	, that (I'	(we) last
Hem 21		obove, (I) (We) (did) (did no	t) view the body ofter d	leoth.	DEGREE	deoin occorred	on the dot	e ond nour o		
# #		Q72011	M.		ATTENDING	MEDICAL DIRECTOR	STAFF	11	22c. DATE SIGNE	>
Z -	1	22d. PHYSICIAN'S NAME (1YPE O	Low		PHYSICIAN 177e ADDRESS	DIRECTOR] PHYSICIA	IN	14-79-15	
APORTA		C TAME (IME)	- Control of the Cont		ADDRESS	- 50				
N. N.										

BP.

TO FUNERAL DIRECTOR: After this certificate has bei

should be detached for use with the State Dept of Heal

ctor, page 3 softer death

I and 2 should be

by the offending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 24 FUNERAL DIRECTOR

Maryland

Marley Neck Cemetery

| 123d LOCATION | CITY OF TOWN
| Marley Neck Cemetery | 23d LOCATION | CITY OF TOWN
| Baltimore | 25d Date Rec'd. By Registran | 1101 E. North Ave | APR 29 1982 William C. March Funeral Home 1101 E. North Ave

236. DATE 5/3/82

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FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

		OR PRINT)	WIDDLE	0.		24 DATE OF DEATH MONTH	_
-	(1,18)	JA 40	. 3.	Dur	n	4	-13-82
Bal	3. SE	x	4 RACE	3. DATE OF BIR	TH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR
網川	1	Male	B	13 -	08 1900	72	MONTHS DAYS
2	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY?	NEVER MARBIED	9 BALTIMORE CITY OR COL	
10	4	Carolena	2. S. A.	WIDOWED	DIVORCED [Baltens	re City
11	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME OR OT	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND D
160		Saltimore	Luth	eran Hos	pital	RETIRE	20
	USU 13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		OR TOWN (134.	NSIDE CITY LIMITS?	13e STREET ADDRESS	1 0
35	-	Md, 1 -	- Bo	ItiMAYE YES	1.0	110/27	Kentle a
00	14. F/	ATHER'S NAME	MIDDLE	LAST 15 A	AÓTHER'S MAIDEN NA/	WIDOLE	O LAST
N							
1		VAS DECEASED EVER IN U.S. AI	IVE WAR ORDATEST A		NFORMANT	ADDRESS	
1			45	096923A.			1 S. S. L.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	inly one cause per line for (a), (b)) and (c). (A	1	BETWEEN C
81			ATE CAUSE (a)	Keshira	tory	rrest	
		3990	DUE TO, OR ASA CO	ONSEQUENCE OF	0/ 0	011	
		Conditions, if any, which	((b) B1	lateral	Kenay	Calculi	
		cause (a), stating the	DUE TO, OR AS A CE	ONSEQUENCE OF	41	in Caster	20
			(e) [[1]	many	1800	111780116	71
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO THE TERM	NAL DISPASE OF CONDITION	N GIVEN IN PART 110
\dashv	ATIO	HIS DATE OF OPERATION	UB CONDITION TO	R WHICH OPERATION WA	DYCHI	170e A010PSYT 20b	IF YES, WERE FINDIN
	CERTIFICATION			9	a few continues	INC	ERT#YING CAUSES
1	ERT	TIR. ACCIDENT WAS UNDERLYING. [7 71b. TIME OF INJURY	21ε	HOW INJURY OCCURR	ED ENTER NATURE OF TRANSPORT NATURE	YES []
1		OR CONTRIBUTING CAUSE OF DE	MA HOUR AM. MO	NTH DAY YEAR		- Annual	WOODS WAS CONTRACTED AND ADDRESS OF THE PARTY OF THE PART
	MEDICAL	21d. INJURY OCCURRED	JIE PLACE OF INJUR		LOCATION	10000020	- 0.0490
	ME	WHILE NOT WHILE AT WORK	LATHONE STREET FACTO	er office rate file	2 00	CITY OR THAN	max 2
		22a. I certify that to (this hosp	oital) aftender the decease	ed from	19 0	10 4/13	100
		any the decented alive or	4013	10 1 Lond tho	ot in (my) (our) opinion o	leath accurred anythe date and	d hour and from the
		77h. SIGNATURE	body after dec	DEGR	REE	/	IN DATE
		h	Told on	vain In	ATTENDING PHYSICIAN	MEDICAL STAFF	x 4
		THE BHYSICIAN'S NAME THE	OH MINIT	22e.	ADDRESS	, D. LECTOR C. PHIOCIAGN	1/
		nusky	/ (rehive	2manai	2		
	23a l	BURIAL, CREMATION, PEMOVAL	236 DATE	23¢ NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	
		Burial	4/16/82	EastView	Mem Pk	Baltimore	e Md.

Law Funeral Home 4611 Park Heights Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2

REG. NO

MONTH

DAY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YEAR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO IT

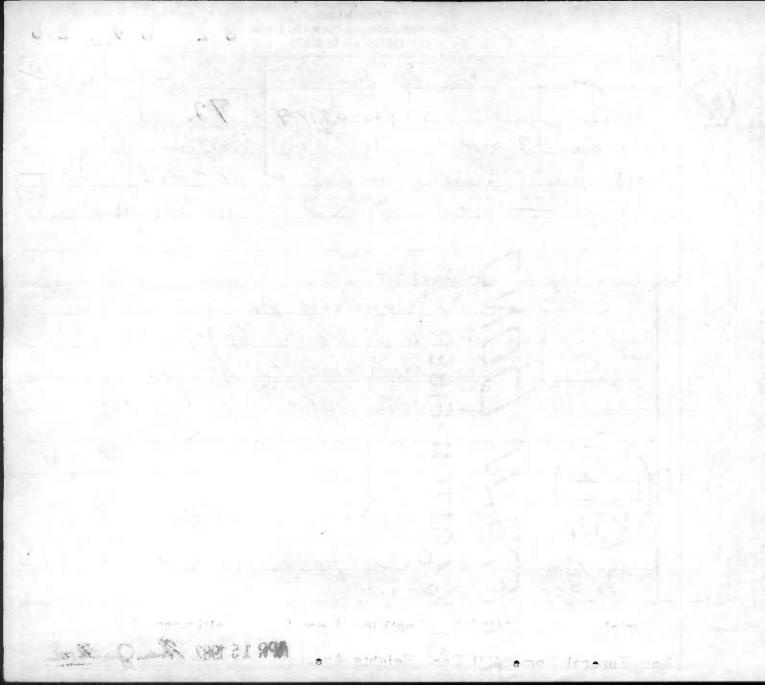
STATE

26 HOUR

IF UNDER 24 HRS

BUSINESS OR

that (1) (we) last date and hour and from the causes stated Md. STATE Baltimore 4/16/82 EastView Mem Pk



ofter death

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			The state of the s	-	
8	2	0	9	2	9
	REG. NO.				

REGISTRAR					ICATE OF DEATH	REG	NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		AST	20. DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
7	MARGAI	RET F	rances	DOD	GEN	APRIL 2	7 79	982	06:
3 SEX	4	RACE		5 DATE C		6. AGE (IN YEARS LAS		MONTHS DAYS	HOURS
Female		Wh-	ite	5	$\overset{\text{def}}{7}$ $\overset{\text{def}}{24}$	57	YRS	MONTHS DATS	HOURS
BIRTHPLACE (STATE	OR FOREIGN 71	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
MD		U. i	S.A.	WIDOWE	77	BALTIMO	DRE CI	την	
10 CITY OR TOWN OF E	EATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b. KIND	OF BUSINES
Baltimor	e		OHNS HOP		HOSPTTAL	Machine (perat	or Lion	n Brot
HOUAL RESIDENCE (IFN 130. STATE	URSING HOME OR O	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRES	c		- C-N
MD	Balti		Owings M		YES NO TO	2 Rego	alia C	t., Apt	C
14 FATHER'S NAME		Anus .	1100		15. MOTHER'S MAIDEN NA	ME			
William		MDDLE	Laabes		Viola	Marie	2	Smi	th
160 WAS DECEASED EV			166. SOCIAL SECU	RITY NO.		Constance	DRESS	ahan	211
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	218-18-5	556	2 Regalia Ct	Apt. C	Owin	as Mill	
	ATH (Epter only	One cours per				. ,			XIMATE INTERV.
PART I. DEATH	WAS CAUSED		line for (a), (b), and	Iman	an arrest			-	ninub
Conditions, if a gave rise to i cause (a), sta underlying cou	mmediate iting the	(b) (RAS A CONSEQUE PRAS A CONSEQUE	Mei	ababe Parices	he Concer		Unl	known
gave rise to i cause (a), sta underlying cou	mmediate string the use last. GNIFICANT CC	DUE TO, O	Incest lable R AS A CONSEQUE DITTRIBUTING TO E ITION FOR WHICH	MENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED S OF DEATH
gave rise to i cause (a), sta underlying cou	mmediate string the use lost. GNIFICANT CC	DUE TO, O	Incestable RAS A CONSEQUE DITRIBUTING TO E ITION FOR WHICH OF CALL	MENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH
gave rise to cause (a), sto underlying counderlying Cound	mmediate offing the use lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH	DUE TO, O CO DIDITIONS CO 196 CONDI 196 CONDI 216 TIME O HOUR A.	Incest lable R AS A CONSEQUE DITTION FOR WHICH OCCUPAN OF INJURY M. MONTH DA	MEDEATH BUT OPERATIO CAS AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH
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DHMH-16 30M 2/80 (VRA 15, 4)

DBP.

C. A. V. C. Service Market Strategy

		FOR		1 DEDADTA	STATE OF MARYLAND	HVCIENE &	A 14 2 14 5
734	1 -	STATE REGISTRAR		DEPARIM	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. N	0 9 1 3
deoth		CEASED NAME FIRST	RY	DODS	O N	20. DATE OF DEATH	MONTH DAY YEAR 26 HO 4-13-1982 82
ofter de	3. SE)	FEMALE	1. RACE	HITE	S DATE OF BIRTH MONTH DAY 6-29-196	6 AGE (IN YEARS LAST B	DIRTHDAY) IF UNDER LYEAR IF UNDE
MB	Ne BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY	OR COUNTY OF DEATH timere City
90		TY OR TOWN OF DEATH	CIE NOT IN CUI	CHERCHEN COVERTOCCE	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPA	TION 126. KIND OF BUSIN
and be f	130 S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Pryland Ba	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimo	ADMISSION) N 134 INSIDE CITY LIMIT	S? 13e STREET ADDRESS	
ond 2 sh	14 FA	THER'S NAME William	Eldridge	Dillon	15 MOTHER'S MAIDEN		Collison
Poges I	(1	VAS DECEASED EVER IN U.S.		313-07-	RITY NO. 17 INFORMANT	ADDI	
emotic er tro		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)	DR AS A CONSEQUE	NCE OF		
ermit. Then please remove prior to buriol, crematic sony injury, or other from	ICATION	gove rise to immediate	T CONDITIONS C	live,		TERMINAL DISEASE OR COM	206. IF YES, WERE FINDINGS USE
ronsit permit. Then plee Hygiene prior to buriol 18 shows ony injury, or	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DE	DEATH BUT NOT RELATED TO THE CVA OPERATION WAS PERFORMED	emia.	206 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [
ronsit permit. Then plee Hygiene prior to buriol 18 shows ony injury, or	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CO. 196 COND 196 COND HOUR A NER1 716 PLACE	ONTRIBUTING TO DE LOS MAN OF INJURY	DEATH BUT NOT RELATED TO THE CVA OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OF	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO (
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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	9 1 3 1
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(11.7)	MICHALIN	A E.	DOLATA	04-08-	-82 9:05pm
3. SE	FEMALE WI	. / 0	E OF BIRTH DAY 1886	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	POLAND U		WED DIVORCED	BALTIMORE CITY OF COUNTY	OF DEATH OF CITY MD.
10,5	BALTIMORE CH	SUCH FACILITY GIVE STREET ADDRESSI LRCH + OSP	ITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
n	ARYLAND BAH	BALTIMOR	13d INSIDE CITY LIMITS?	19203 SHI	PWBY
>	TENACY FIRST	ANTKOWSK	15. MOTHER'S MAIDEN NAM	BIERNACKI	LAST
	WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO DE UNKNOWN) (IF YES, GIVE WAR OR DA		GENEVIEVE	DOLATA 7203	SHIPWAY
	Conditions, if any, which gave rise to immediate				APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION	PART 2 OTHER SIGNIFICANT CONDITION				
CERTIFICATION		ondition for which opera:	TION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED 21e. PL	ACE OF INJURY ME STREET FACTORY OFFICE FARM, ETC.	211. LOCATION STREET	CITY OR TOWN to 4822, eath accurred on the date and have	COUNTY STATE
	22d. PHYSICIAN'S NAME THIS ON THE	well	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D	4/8/82
	DR. IMPAGLIATELLI.	WALKER M.D.	100 NL BROAT	WAY, BALTIMORE,	MARYLAND 21231

L. KACZOROWSKI DORE 2525 FLEET ST. 250. DATE NO. BY REGISTRAN 256. REGISTRAN 256.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, th

IMPORTANT: If them 21 is morked or them 18 sho

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URIAL DINERAL DIRECTOR DYMOND

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KER M.D.

STATE OF MARYLAND

DED A DYMENT OF HEALTH AND MENTAL HYCHENE

8	2 REG. NO.	0	9	1	3	
	REG. NO.					

1.	STATE REGISTRAR	DEFARIT		FICATE OF DEATH	8	2 REG. NO.	191	3 2
	CEASED NAME FIRST	Florence	D	olphin	2a. DATE OF DE	OH.	26 82	26 HOUR
3. SE	emale	white	5 DATE O	OF BIRTH	6 AGE IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
W	SOUNTHING ISTATE OF TOREION	76 CITIZEN OF WHAT COUNTRY?	WIDOW	D NEVER MARRIED DIVORCED D	BAHI	MOYE (city	MD
B	Altimore	(IF NOT IN SUCH FACILITY, GIVE STREET SECOUS ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADORESS)	or other institution	120 USUAL OC (Type OF WORK FO	MOST OF WORKING L		F BUSINESS OR
Me	ingland Anne		N	13d. INSIDE CITY LIMITS? YES () NOX	6664 R	obents: (ount 21	061
F	ranklin! C	Liver Boehmes		Margaret	- 7 N	Virginia	Da	via
160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 216-28-	82914	Wilma Greene		ADDRESS Gle	en Burni. urt	e, Md. 2100
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	NCE OF	c shock heart failur	حـ		APPROXI BETWEEN C	MATE INTERVAL ONSERAND DEATH ORIGINAL ONSERAND DEATH
CERTIFICATION	PART? OTHER SIGNIFICANT	NAUMONIA	OY	ganie brain	Synder 200 JUTOPS	Y? 20b IF YE	S, WERE FINDIN	IGS USED
	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	FATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART OR PART 2)	
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		211 LOCATION STREET	- to 4	TY OR TOWN	COUNTY	STATE that (I) (we) lost
	saw the declared playing above (12 we) (aid) adds 72h SKSNAPCRE	and More the both ofter death.	2.0	DEGREE ATTENDING	deoth occurred o	STAFF	ur and from the c	couses stated
00	STEPHEN R.	Smort, MD		220 ADDRESS 2000 W. BA	LTIMOCE		LT. 21	223
	BURIAL, CREMATION, REMOVA	L 236. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATIO	OMB.	4.01.417	

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etoined by the hospital or TO FUNERAL DIRECTOR morked or frem 18 shows on

IMPORTANT: If Item 21 is should be detoched for with the State Dept. of

DHMH-16 50M 1/81 (VRA 15, 4)

Bunial 4/29/1982 Loudon Park Cemetery Baltimore

14 FUNERAL DIRECTOR Mtn. & Tick Neck Rds., Pasadena, Md.

Mc Cully Funeral Home of Pasadena 21122

150 DAR RECT. BY REGISTRAN 251. BEGISTRAN SIGNATURE

150 DAR RECT. BY REGISTRAN 251. BEGISTRAN SIGNATURE

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,	V				STATE OF MARYLAND		
16	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE 8 2 REG. NO.	09133
		CEASED NAME FIRST HUBO	ERT F.	301	4BROWSK1	20. DATE OF DEATH MONTH	17-82 4 45 A
	3. SE	MALE	LAUCASI.		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. RS.
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38	BI	ALTIMORE	WINDERS IT	GIVE STREET ADDRES	MARYLANS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY POST OFFE
35	M	AL RESIDENCE (IF NUR ING HOME COL STATE NO COL	OR OTHER INSTITUTION, GIVE RESCUNTY 134 CIT	SENCE BEFORE ADMIS Y OR TOWN ITIMOR	E YES NO	6770 ROBE	RIS AVENUE
300		SANIE	W. Som.	BROWSE	15. MOTHER'S MAIDEN NA	7- MIDDLE	(UNKNOWN)
e medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C UNK	ARMED FORCES? 166 SOG	-24-7		ADDRESS	
event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		vdiop	Juliuonary	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUSEL
otion, ar		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A C	Va hol	ic acidosi	1	days
iol, crem		couse (a), stating the underlying couse lost.	100	NOVO VO	iscular a	ceident	1 week
ior to bur y injury,	TION		ma of	colo	BUT NOT RELATED TO THE TERM NOT RELATED TO THE TERM RATION WAS PERFORMED	statec	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED
Shows on	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	U				YES NO NO
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olfh and /	MEI	WHILE NOT WHILE AT WORK 220 certify that (this has	(AT HOME STREET, FACTO	DRY, OFFICE FARM, E		CITY OR TOWN	COUNTY STATE
pt. of Hee		sow the deceased alive obave, (I) (did) (did)	21117	1982	ond that in (my) (and opinion	death accurred on the date and	d hour and from the couses stated
State De		Apichae 22d PHYSICIAN'S NAME (14PH	L L JA	wan	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
with the Star	730	MICHAGI BHRIAL CREMATION, REMOVA	31	MART,	M.D. Balt	Luore Cano	ees Res, Ctr.
DM 1/81	1	CIEV) CIL RIAL UNERAL DIRECTOR	4/21/198	2/tol	Y CROSS P.N.	C BALTIM	OR COUNTY STATE
i, 4)	R	Aymons L.1	KACZOROW	SKI 2	535 PLEETST	APR 20 1984 CI	GISTRAP

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages? Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical exa

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

١	1 - STATE REGISTRAR	D		ICATE OF DEATH	BIENE 8 2	0 9 1	3 5
Ì	1. DECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
l	CAROLYN	S	DONNEI	LY	04/03/82		12:32P
I	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	White	Jan		62 YR		HOURS MIN.
	76. CITIZEN OF WHAT CO		MARRIE	D NEVER MARRIED DIORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE	MD.	
	Baltimore 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADE THE JOHNS HO			OR OTHER INSTITUTION S HOSPITAL	TYPE OF WORK FOR MOST OF WORKING	GUFE) INDUSTRY	Co.
77	130. STATE Md. Bal		OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3600 Forest (Frove Rd.	
	14. FATHER'S NAME Peter	Sczerbick	LAST	15. MOTHER'S MAIDEN NA	WEDOFE	Kopec IAST	
	16a WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, G	NAT THE OB CASES	107-0921	17. INFORMANT Brian Donnel	225 Chartley Reisterstown	a. Md.	KATE BUTERO AL
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	111	ONSEQUENCE OF	EMBOSM Beruin NOT RELATED TO THE TERM	(pobable) ent Corulal AINAL DISEASE OR CONDITION	GIVEN IN PART 110	
	TO TO THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DETAIL OF CAUSE OF CAU	21b. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	N WAS PERFORMED ALCO - ASPIRA OF THE PROPERTY	YES NO NO	YES, WERE FINDING RTIFYING CAUSES (YES [] 18. PART I OR PART 2)	
	AT WORK AT WORK 22a.1 certify that (1) (this has	(AT HOME, STREET, FACTOR	y, OFFICE, FARM, ETC.)	STREET 19 See	city or 10wn Let to April 3 death occurred on the date and l	COUNTY . 19	hot (I) (we) lost
	22 SIGNATURE	econor		DE GREE ATTENDING	MEDICAL STAFF	120 DATES 4/3	
	22d PHYSICIAN'S NAME GYPE	· Kasens	shein	We John	is Hopkins	Pospila	
	23e BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	THE LOCATION CITORIOWN	_ COUNTY	STATE
	Burial	Apr. 6.1982	2 Woodlaw	n Cemetery	Woodlawn, B	alto., Md	-1
	14 FUNDRALDIRECTOR	411		25e. DA1	TE REC'D. BY REGISTRAR PAREL	IST CARSOLANGE YOUR	MACHINA,

DHMH-16 30M 2/80 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

Hot. Telebarell

Owings Mills, Md.

APR 1982

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1///	Item 18b G567	5/4/82 dad	STATE OF MARYLAND		
3 6	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL HY	GIENE R 2	9 1 3 6
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Will a say into	1. DECEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
200	DR. PHILI	P JOSEPH	DONOVAN	04/01,	/82 7:51P
- CALCO	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
(AND)	Male	White	March 10, 1937	45 YRS	DATS THOMAS MIN.
200	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
李 \$ 61	New York	USA	WIDOWED DIVORCED	BALTIMORE	1110
1 11 100	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY
0 1 11 2	Baltimore		S HOPKINS HOSPIT		Radiology
10 de 100	130 STATE 136	E OR OTHER INSTITUTION GIVE RESIDENCE BEF DUNTY 13c. CITY OR TO	DWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS Ohns	Hopkins Hospita
N TO THE PERSON NAMED IN	Maryland V	Baltin		4421 Norwood	d Road
12/30/00	FIRST	MIDOLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
10 -10	Philip 160, WAS DECEASED EVER IN U.S	Joseph Dono		ADDRESS	McLean
0 N = 2 0 0 /	(YES NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)			
		etnam	Dr. Ann Do	novan S	Same
in the second se	PART I. DEATH WAS CA	r only one cause per line for (0), (b), USED BY:	ond (c).) For land	5° malanas	BETWEEN ONSET AND DEATH
L ST	0703 IMME	DIATE CAUSE (o)	pane rarrop	C) opnased	(day)
W. PRESTON ST	Conditions if any which	DUE TO, OR AS A CONSEC	DUENCE OF USE	1 Variced -1	hermontrage
PRE CO	Canditions, if any, which gave rise to immediate		The Huxa C Property	7 for Psorias	-
W. W. Cree	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	LI AGE L. L. B		
ned E	PART 2 OTHER SIGNIFICAL	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	IVEN IN PART 1(g)
The sign to b					
DIVISION OF VITAL RECORDS, Commander, who seems is the this certificate has been signed the not a Mental Hygtene prior to be britted or them 18 shows ony injury parked or them 18 shows ony injury	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
AI A	RIIE			YES NO Y	ES NO
ANY The street of the street o	00.00-150-01-10-0	tend 1	DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
o certification of the certifi	(IF EITHER NOTIFY MEDICAL EXAM	INER) P,M.	19	The second second	
r this the bond W	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY
DIVI PNG Protection of the control o	AT WORK AT WORK		2/21 63	CUI	C
OR: V		ospital ottended the deceased from		, to	, 19 0 , that (I) (we) last
ATT OSPIN	abave, (l) (we) (did) (did	an19		death occurred on the date and ho	
DIR He by	228. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAFF ,	22C DATE SIGNED
OSPITAL ed by ti UNERAL d be det the Stote	224, PHYSICIAN S NAME OF	Justin	22e ADDRESS	DIRECTOR PHYSICIAN	7/1/1
	Place	13,000	TH	4	
Tetoin with Will MPO	230 BURIAL, CREMATION, REMOV	AL 23b DATE 23	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
77/2/BP	(SPECIFY)		Siloam Cemetery	CITY OR TOWN	COUNTY STATE
2101	Removal-Buria			Vineland, EREC'D. BY REGISTRAR 250 REGIS	New Jersey
DHMH - 16 50M 1/81 (VRA 15, 4)	NAME	ry W. Jenkins	50 00113 00.		Go July Republic
प्रच्ये	4900 YORK ROA	d Balto., Md.	21212 MI	11 0 1005	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.		

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1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYO	8 2	0	91	3 7
	CEASED NAME FIRST	MIDDLE	L.	AST	REG. NO	ONTH DAY	Y YEAR	2b. HOUR
(SYP	E OR PRINT)	1 4	0			4 92	8.9	1
3 SE	Leonard	1 RACE	5. DATE C	JOYN	6 AGE (IN YEARS LAST BIRTH	4 23	UNDER I YEAR	IF UNDER 24 HRS
J 3L	th a	I RACE	MONTH	DAY YEAR	19	MO	INTHS DATS	HOURS MIN.
7- 0	IV I	ω	10	16 1919	6x YRs	YRS.	10	
10. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTYO	OF DEATH	1-
	Laryland	U.S.	WIDOWE	D DIVORCED	BALTO.	COV	MIYC	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATIO		126 MIND OF	Enusques OF
	BALTIMOPE	3307 Fairvi	0 .	Ballo ma 2120			A STATE OF THE STA	-
13a	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	134 INSIDE CUM LIMITS?	13e STREET ADDRESS		10011111	
	4 4	UTO BM		YES NO		Carrie 1	RA .1	Back 212
14 F	ATHER'S NAME			15. MOTHER'S MAIDEN NA		10100	1 60 1	31(4)
	Charles 1	villain Sor I		Mary M	agersupp_		LAST	
160			SECURITY NO.	17 INFORMANI Mrs.	Tarra DARAGES	S		
(YES NO OR UNKNOWN) (IF YES, GI			3307 Fairview	Danie Dorie		01000	
-				pour rairview	ngaa Batto	· MD ·	21207	
	PART I. DEATH WAS CAUSE	nly one cause per line for to , (b					BETWEEN	MATE INTERVAL
- 79		TE CAUSE (0) KES	PIRATOR	Y ARREST				
	3330	DUE TO, OR AS A CONS	EQUENCE OF				,	
	Conditions, if ony, which	(b)	SHY-D.	RAGER S	WADROMES		10	YES
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS						
	underlying couse lost	DOL TO, OK AS A CONS	SECULINCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	ANAL DISEASE OF COND	TION GIVEN	JINI PART 1	
NO					THE DISCUSE ON COLOR	TION ONE	· II · I · AKI · I · O	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20g AUTOPSY?	20b IF YES. V	WERE FINDIN	GS LISED
IFIC						IN CERTIFYIN	NG CAUSES	OF DEATH?
ERT	21a ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		21c HOW INJURY OCCUR	YES NOL	YES		но 🗆
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	THE HOW MAJOR! OCCOR!	RED (ENTER NATURE OF INJURY	IN HEM 18 PART	I I OR PART 2)	
ICA	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FFICE FARM ETC)	211 LOCATION STREET	CITY OR FOW	4	COUNTY	STATE
-	AT WORK NOT WHILE							
	22a. I certify that (I) (this hosp	ital) attended the deceased fi		19.77	, to	. 19	82.	hat (I) (we) lost
	sow the deceased alive or	view the body after death.	19 <u>82</u> , on	d that in (my) (our) apinion	death occurred on the date	e and hour o	and from the c	ouses stated
	226. SIGNATURE	To view the body offer deom.		DEGREE			22c DATES	
	1 77 61		M	ATTENDING PHYSICIAN I	MEDICAL STAFF		1,	23.82
	22d. PHYSICIAN'S NAME (TYPE	OR PRINTI	70	22e ADDRESS	DIRECTOR PHYSICIA	N	4,	43.82
		1						
	RAMESH	t, KHUKAN		PEPT. NEU.		OP	MD.	Hosp.
23a E	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	4/27/82		rove Cem.	Mt. Airy	Co	arroll	MD
24 FI	JNERAL DIRECTOR Lorin	g Byers Funero	al Direc	tors 25a DAT	E REC'D. BY REGISTRAR 25	B REGISTRA	RIGNATU	en -
87	28 Liberty Rd.				PR 27 1982	Parace.	ian	Nather
_	- M				1000			

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

attending physician

injury, ar other traumatic event, the

V L I V L . Se timor porte del torre Times and the second se to be a superior of the first o 48 27 ESC COMMISSION STATE

physican and campletely filled in by the finances. Pages I and 2 should be filed with

ir the certificate has been signed by the atten-the busial transit perior. Then please remove a and Mental Hygiene prior to busial, cremotion,

IMPORTANT: If hem 21 is marked or hem 18 shows any

should be detached to use as the buyonth the State Door of Health and Mr

TO FUNERAL DIRECTOR, After retained by the haspital ar

_		FOR	
1	-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		40.0			0.44	1.0
3	2	0	9	1	3	3
	DEC NO				11.000	

REGISTRAR		CERTIFICATE OF DEATH	REG.	NO.		
1 DECEASED NAME FIRST	MIDDLE	ŁAST	20 DATE OF DEATH	MONTH DAY YEAR	7b HOUR	
Alve	erta	Dorsey		4 - 20 - 82	1:35a	
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE TIN YEARS LAST E			
Female	Black	2 - 27 - 00 EAR	82	YRS.	S HOURS MIN.	
TO BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH		
BALTIMOLON	U.S.A.	WIDOWED DIVORCED	Dalhiman.	e City	MD.	
10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Midtown Home		176 USUAL OCCUPA		OF BUSINESS OR	
WSUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)				
Md.	Balto		13e STREET ADDRESS	vidence Stre	eet	
14 FATHER'S NAME FIRST A M	PAPODLE /4 , 11 LAST	15. MOTHER'S MAIDEN DE 1996 R		TON	LAST	
160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	CURITY NO. 17 INFORMANT 0381 JAMES 3	orsoy ADDI	RESS	TO SHE	
	anly ane cause per line for (a), (b),		L A.	APPRO	OXIMATE INTERVAL EN ONSET AND DEATH	
	IATE CAUSE (a)	as divoregue	to They			
4275	DUE TO, OR AS A CONSEC	DUENCE OF	10.			
Canditians, if any, which	(b)	Slizure ac	some			
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
underlying cause last	(c)					
	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN PART	1ra·	
Ď.						
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCC	VES NO	YES	NO []	
00000.70.00000.00	DEATH HOUR A.M. MONTH	DAY YEAR	The state of the	J		
(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	211 LOCATION				
WMILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) STREET	CITY OR 1	TOWN COUNTY	STATE	
	spital) attended the deceased from	n	, to		. that (I) (we) last	
saw the deceased alive abave, (I) (we) (did) (did		, and that in (my) (aur) apini	an death accurred on the			
27h SIGNATURE	7 7	DEGREE		22c. DA	TE SIGNED	
1	lead	ATTENDING PHYSICIAN	MEDICAL ST.	AFF	20.5	
274 PHYSICIAN'S NAME (THE	E CR PRINT	22e ADDRESS				
Ruben Reider	. M.D.	1406 Crai	n Highway, S	outh		
230 BURIAL, CREMATION, REMOVA		C NAME OF CEMETERY OR CREMATOR	23d. LOCATION			
BURIAG	4/24/82	MYAVELLN	BALT	1 M Deanni	230	
24 FUNERAL DIRECTOR NAME	hall P. Hayes LORES	690 W. Amin	DATE REC'D. BY REGISTRA	R 25b REGISTR	Weither	
Marshall Hayes	638 NO Gil	more St.	APR 23 1982	Clapacia 1		

DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING

TO HOSPITAL

ALC: A - - - A DESCRIPTION OF STREET Danie Black D. - C. - C. Shirt really and that the second of Barret unsutvert vold . W . . arreit The state of the state of the state of the state of DADH Grain Highway, South Eller or Reader, M.D. Harrow II Bullin To be advertising of the Contract of the Cont TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distributed for use as the burial-transit permit. Then please remove carbon papers: Pages and 2.should be filed within 72 has with the State Dept to the Houlth and Mental Hygiene prior to burial, cremation, or removal. with the State Deep to treduit but wenter righting from to boriot, trembrian, at temporal. (APORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at one.)

Hours offer death. Page

executed within

low repower that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE REGISTRAR DECEASED NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	2 REG NO	0	9	1	13	9
25	DEATH					_

				REG NO					
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
1	Howa	rd	Dorsey	4-25-82	4:38				
100	X I	RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	Mnl-	Solver	11/7/1902	79 YRS	MONTHS DATS HODES MIN.				
70 B	BIRTHPLACE (STATE OR POREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH				
	Mornight	U. J. H	WIDOWED DIVORCED	Baltimore	City				
10.0	TITY OR TOWN OF BEATH	. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OF				
6	Soult, City		ins Hospital	per nes	**************************************				
13a.	JAI RESIDENCE (IF NURSING HOME OR OT STATE	HER INSTITUTION, GIVE RESIDENCE SEFORE	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	3801 DOLA	ren RL				
14 F	ATHER'S NAME FIRST MICE	DIE DIAST	15. MOTHER'S MAIDEN DIA	WIDDIE	LAST				
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO 17 INFORMANT	a Dursen - 38	01 Bolden &				
	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and	dicti	-5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED E	N 1/2 hour							
	2859	DUE TO, OR AS A CONSEQUE	NCE OF						
	Conditions, if any, which		N & HOUR						
	gave rise to immediate cause (a), stating the underlying cause last.		indeterminate						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ON N	Anemia.								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO				
Ü	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
EDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
WED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE				
>	AT WORK NOT WHILE	THE PARTY OF THE P	and the first						
	220 I certify that (I) this hospital saw the deceased alive an above, (I) (we) (did) (did not) v	April 25 10 8	Apt 25 , 19 & and that in my (our) opinion	death occurred on the date and ho	ur and from the causes stated				
	226. SIGNATURE	1/ Tollow YMM	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED				
	22d, PHYSICIAN'S NAME (TYPE OR PE	DIRECTOR PHYSICIAN	1 4 03 82						
6	Mitchell	GILBET MD	220 ADDRESS John:	s Hopkins Ho	spiral				
3	BURIAL CREMATION, REMOVAL	130/8h 13	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR 10 W.	COUNTY				
24 F	UNERAL DIRECTOR	vell 17 4042	W W/ H 250 DAY	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE				

111 July 14.5.A 1/3/402 28 I worked to be a section of the sect 16 - 3801 BONLE Ly p 3801 FROMER EL Hours Sommer Harde 21601-1689 Clarice Down 3801 Banca File How let Harbon - D. Commended SER SON DE RIN COMMENTAL DE LA COMMENTAL DE LA

4	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL ICATE OF DEATH	HYGIENE	8 2 REG. N	0	9 1	40	
	1 DECEASED NAME JOSEPH			MIDDLE	I. DORSEY			2a. D/	20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 4-8-81 694 M				
1	3. SEX M		4. RAC	B	~	5. DATE C			87		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
135	70. BI	RTHPLACE (STATE OR FO	PREIGN 75. CIT	L.S. A	COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BAI	BA It	ma R.	OF DEATH	MI	
# 4/6	CITY			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LUTTIFICATION HOSPITAL				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
35			IG HOME OR OTHER I	13€. €	ITY OR TOWN 1 tino:	1	13d INSIDECITY LIMIT YES NO		REET ADDRESS	VN341	WANI	A AU	
300	14. FA	THER'S NAME FIRST Jacob	MIDDLE L.		Dorse	У	15. MOTHER'S MAIDEN Lila	NAME	WIDDLE		Joh	nson	
medical		VAS DECEASED EVER I YES, NO OR UNKNOWN) Yes	V U.S. ARMED F		4-01-	2481	Mary Hende	rson	301 McM			pt. 923	
ud, cremation, or rem or other troumatic eve		Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediote the lost.	UE TO, OR AS A (b) UE TO, OR AS A	CONSEQUEN	NCE OF	of les	aile	~ 0				
any mlory.	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE		AUTOPSY?	20b. IF YES,	WERE FINDI		
trail Hygiene		210. ACCIDENT WAS UNDO	AUSE OF DEATH	b. TIME OF INJU			21c HOW INJURY OC		NO NO NOTER NATURE OF INJU	YES		NO 🗍	
th and Ment	MEDICAL	21d. INJURY OCCURRI	D 21	PLACE OF IN.	JURY CTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE	
t. of Heold	(220.1 certify that (1) (saw abay	d plive on	17/18	19		19 8 nd that in (my) (aur) api	nion death o	ccurred an the c	date and hour	ond fram the		
State Dep		226 SIGNATURE	\$	11	1		DEGREE ATTENDIN PHYSICIA		OICAL STA		22c. DATE	SIGNED	
MPORTA		Henry	· Sale	in ,	de m		220, ADDRESS	rospita	d Bal	t.M	ld. 21	216	

DHMH-16 30M 2/80 (VRA 15, 4)

O HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has to retained by the haspital or attending physicia

24 FUNERAL DIRECTOR

Wm. C. March F/H, Inc. 1101 E. North Ave.

4/14/82

Burial

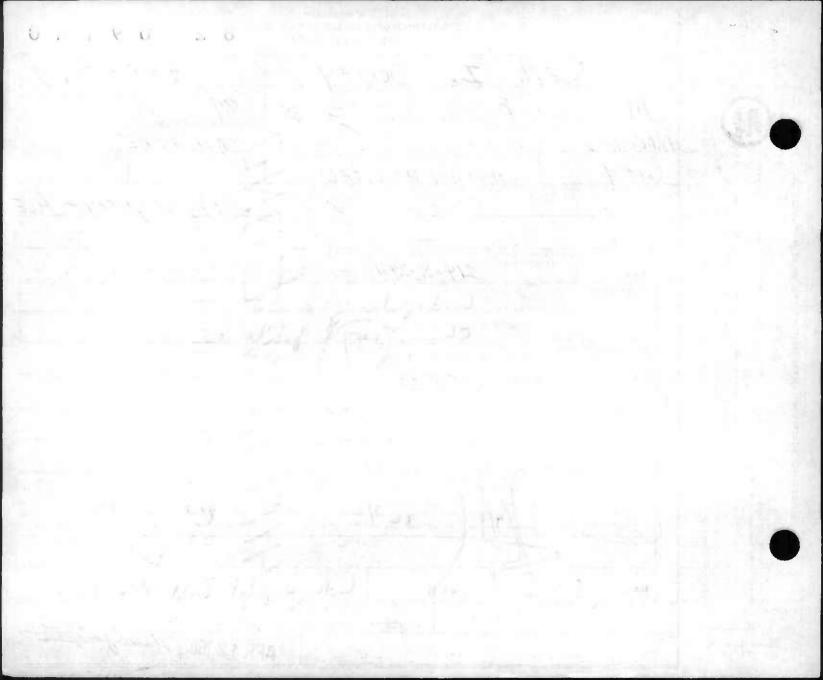
230. BURIAL, CREMATION, REMOVAL

Maryland Veterans Cem. Crownsvil

250. DATE REC'D. BY REGISTRAN 258

E. North Ave. APR 12

STATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had retained by the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician mid should be detached for use as the burial-transit permit. Then please remove carbonpapers. Prigns with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shows any

may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

63	0	0	4	A	
Co.	U	7		-	
REG. NO.			-		

4		REGISTRAR		CERTIFICATE OF DEATH						
		CEASED NAME FIRST	Pearl MIDDLE Grace	LAST	Dorsey		MONTH DAY	YEAR	26 HOUR	
1	TITLE	Pear	6.	/\	rey		4/9	82	700 pm	
1	3. SEX		5 DATE OF B		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS		
ı		female	MONTH 10	23 25	56	YRS	THS DAYS	HOURS MIN.		
1		RTHPLACE (STATE OR FOREIGN	8		9 BALTIMORE CITY C	R COUNTY OF	DEATH			
þ		North Carolina	USA	WIDOWED	NEVER MARRIED DIVORCED	Balt City N				
	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPAT		126 KIND OF	F BUSINESS OR	
	B	selfinere	# 27 acc abl 27	ospital		Housewife	9			
	UE UA	AL RESIDENCE HE NURSENG HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		La grassi vanness				
3	136. 3	11/	timore Mill	2 P	INSIDE CITY LIMITS?	13e STREET ADDRESS	Fusa	1000	21220	
1	14 FA	THER'S NAME		15.	MOTHER'S MAIDEN NA		7 4 3 (7	-3-	WINEO	
Ü		4/2 / 1/2	MIDDLE	/	Bertha	WIDDLE		LAST		
Ē		AS DECEASED EVER IN U.S. AF		JRITY NO. 17	INFORMANT	ADDR	OZ "A" I	6	Dr 31	
4	()	ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 246-22	-2124	Harold w.	Dorsey Bo	ltimore,	North	27222	
1			nly one cause per line far (a), (b), an		-	104.	TOTHOLE.	APPROXI	MATE INTERVAL	0
		PART I. DEATH WAS CAUSE	ED BY.	er :	1 renul	Lailar		BETWEEN	INSELAND DEATH	
		153G IMMEDIA	TE CAUSE (0),			/	,			
		Canditions, if any, which	DUE TO, OR AS A CONSEQU	fas for	in Pi					
		gave rise to immediate cause (a), stating the)							in .
		underlying cause last	DUE TO, OR AS A CONSEQU	ENCEOF	01					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Lia		
	NO O									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, W			
	TIFIC	Sept 1980	Ca of	Col	in	YES NO	IN CERTIFYIN	CAUSES (NO []	
	CER	210. ACCIDENT WAS UNDERLYING		21	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21	LOCATION	CITY OR TO		COUNTY	STATE	
	W	WHILE NOT WHILE AT WORK	AT HOME STREET FACTORY, OFFICE, 1	FARM, ETC)	STREET	CITY OR IC	WN	COONIT	STATE	
			ntal) attended the deceased fram_			ta Apri	119 19	82.	that (1) (we) last	
		saw the deceased alive an	n19 ot view the bady after death.	, and th	nat in (my) (aur) apinion	death accurred an the d	ate and hour an	d from the c	causes stated	
		226. SIGNATURE	I View me bday dijer dedin.	DEG	REE		100	27c DATE S	SIGNED	
		all you	Hurs	MD	ATTENDING PHYSICIAN	MEDICAL STA		4-1	9-82	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22	e ADDRESS			,1		
		Wayne Z	E. Gaines	NO	Un	Me	Hospir	fall		
		URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEME	TERY OR CREMATORY	23d LOCATION				
		Burial			ge Cemetery	Baltimor	e. Mary	land	STATE	
	24 FU	MEDIC BURECTOR	Sunkunh	1		E REC'D. BY REGISTRAR			URE	
-	BY	uzdzinski Fune	ral Home PA 1407	Old Ea	stern Aver	R 23 1982	Many C	2-2	506	
					1		- 6			-

DHMH - 16 50M 1/81 (VRA 15, 4)

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JON + SONS - 1701 LAYREN

- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

william DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) bethichem. 13e STREET ADDRESS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [CITY OR TOWN COUNTY STATE (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE ANDA 250 DATE REC'D, BY REGISTRAR

HMH - 16 50M 1/81 (VRA 15, 4)

A THE METERS TO SERVICE SAFERED SAFERE ABOUT THE PROPERTY WAS IN ITEM TO SELECT THE PARTY OF THE PARTY. Sact 52 Table out the support of the BURE THE PERSON WAR PARTY TO SEE THE PERSON CROT DE ROLL LAND LAND LAND EACH LAND EACH SON 1982 There

1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	GIENE 8 2 0 9 1 2	1 3
{TYP	CEASED NAME FIRST E OR PRINT) Reugn		Doss	20 DATE OF DEATH MONTH DAY YEAR 26 H	OUR 7 20
3. SE	male	1 RACE Carcusium	5 DATE OF BIRTH MONTH DAY YEAR 12 17 15	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UN MONTHS DAYS HOUT	DER 24 H
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. CITY	
	BALTO.	CITY HOS	ρ.	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) TRON WCRKER INDUSTRY IRON	
110. 5	mb BA	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VACK YES NO DE	13e. STREET ADDRESS 16 LEEWAY	
	HOUSTON 1	MIDDLE DOSS		RITE TROUT	
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES) 166 SOCIAL SECTION 226 - 01	URITY NO. 17 INFORMANT	ADDRESS	
	IMMEDIAT Ganditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	Pence OF tolor common	a of lung	NO DES
z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	HENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 110	IND DEA
TIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	HENCE OF	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE	SED EATH?
AL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE CANTON OF CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH THE HOUR A.M. MONTH D	JENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED AY YEAR 216 HOW INJURY OCCU	200 AUTOPSY? 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE	SED EATH?
MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH THE HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 216 HOW INJURY OCCU	20a AUTOPSY? 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO YES NO	SED EATH?
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STATE OF MARYLAND

				STATE OF MARTE				
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		CEASED NAME (LANGE OF PRINT)	ENCE MIDDLE	DouGHE	RTY 20 D.	ATE OF DEATH MONTH	DAY YEAR	7:17 PM
	3. SEX	M	4 RACE	5. DATE OF BIRTH	YEAR 6 AG	15	MONTHS DAYS	HOURS MIN.
49		OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER	MARRIED S 9 BA	Ballo a	INTY OF DEATH	MD.
13	4	BALT	AME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S SOUTH	RSING HOME OR OTHER INST		JSUAL OCCUPATION OF WORK FOR MOST OF WORK	INDUSTRY	BUSINESS OR
30		MA	OTHER INSTITUTION GIVE RESIDENCE E	TOWN 13d. INSIDE C	NO D	REET ADDRESS BE	RO RI	2.
38		HRChiE	Dough Dough	ERTY &	SMAIDEN NAME	MIDDLE	LENT	Z
a di		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	and the second s	25-0639 FLIZI	TBETH B	ADDRESS FACHAN) -	3119131	ERU Rd
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oumotic		4-100 Conditions, if ony, which	DUE TO, OR AS A CONSI	EOUENCE OF	0.00			
or other tr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	EOUENCE OF				
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21 is mo	ş	22a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did na		11111	(aur) opinian death o	occurred on the date and	~ ~	hot (I) (we) last auses stated
7. # Hen		226. SIGNATUREM M	16517pm			DICAL STAFF	* The Dall	4/8
MPORTANT		224 PHYSICIAN'S NAME (TYPE OF	OR PRINT)	22e ADDRES		ALT, GE	N.	
≥ 2	23a. B	URIAL CREMATION, REMOVAL	23b. DATE 4/15/82	STOWN TO PA	CREMATORY 23d	CHIVORTOWN CHIVORTOWN	COUNTY	STATE
_ 1				STUMMIN IN		C D-10 MYD III	12	

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OR ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😓

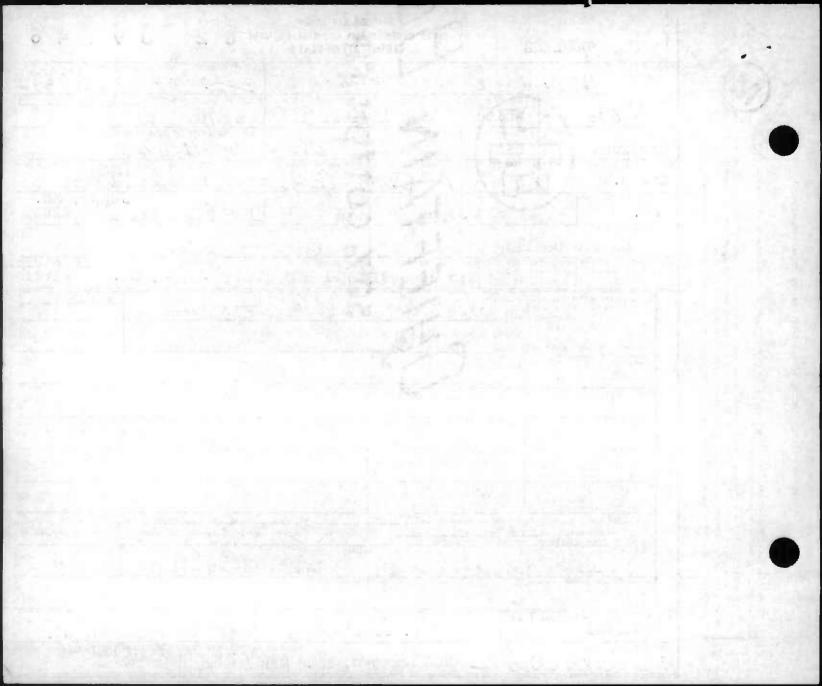
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		EASED NAME OR PRINT)	Vern	on E	MIDDLE	Do	owling	2 1	20. DATE OF DEAT	D4	ZZ Z	26 HOU	R M
	3. SEX	Ma	e	white		7/16		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY) YRS.	MONTHS DAY	R IF UNGER	24 HRS Min.
		THPLACE (ST PUNTRY)	ate or foreign	USA	WHAT COUNTRY?	MARRIE WIDOWE		RIED -	BALTIMORE CI	TY OR COUNT	Y OF DEATH	ity	MD.
		11to.	OF DEATH		HOSPITAL, NURSIN		or other institut	HON HON	120 USUAL OCCU		12b KIND INDUSTR Ret	of BUSINE ired	SSOR
	130 S	L RESIDENCE (IF NUR: NO HOUR	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR		134. INSIDE CITY LI YES 🔥 NO	IMITS?	13. STREET ADDRI 1036 P1	aza Ci	Jopp ircle	a, Mo 210	085
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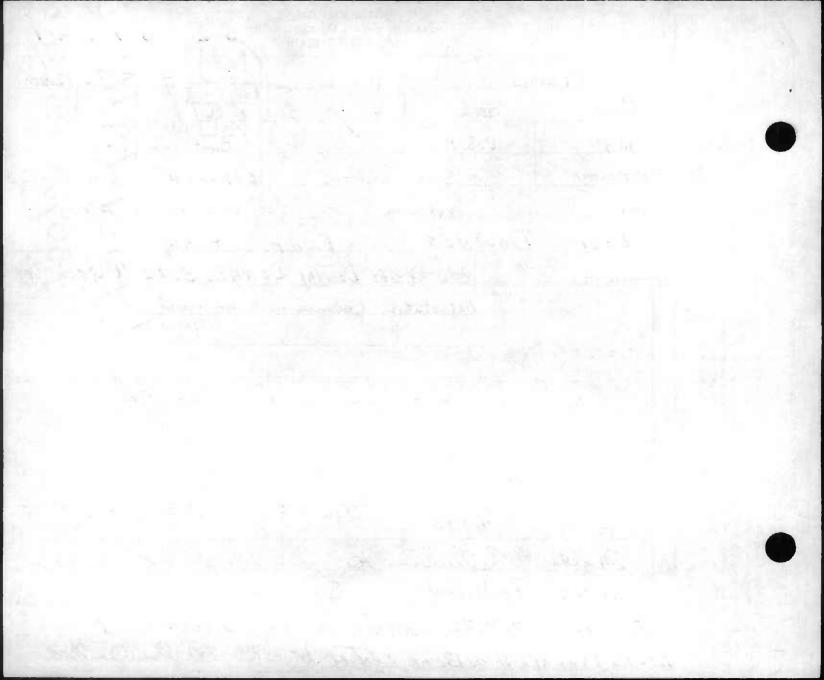
BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral the should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 he with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

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STATE OF MARYLAND

8	REG. NO.	0	9	1	4	0
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1-	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 2 REG. NO.	0 9	149
	CEASED NAME FIRST MARY	WIDDLE	2	RIVER		-23-8	2b HOUR
3. SE	/-EMALE	Negro	7	DAY 1897	6. AGE (IN YEARS LAST BIRTHD)	YRS.	DATS HOURS MIN.
NC	ORTH CAROLINA	7.5. A	WIDOWI	D NEVER MARRIED D	Baltimore Chy or C	2 City	MD
OB	altimore	1. NAME OF HOSPITAL, N THE NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		ND OF BUSINESS OR STRY
13a. 5	AL RESIDENCE (IF NURSING HOME OF C STATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE IY 13c. CITY OR		13d INSIDE PITY LIMITS?	STREET ADDRESS 601 Wyanok	e Ave	21218 Apt. 416
	Gattis "	Strickle	and	15. MOTHER'S MAIDEN NAM	WIDDIE	B	1110
	WAS DECEASED EVER IN U.S. ARM (YES) NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SAR OR DATES) 578-	SECURITY NO.	17 INFORMANT	D. Baldwin	4	Apt. 416 yanoke Av
NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS	SEQUENCY OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDIT	ION GIVEN IN PA	Years RT I(o)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE F N CERTIFYING CA YES []	
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	H DAY YEAR	21c. HOW INJURY OCCURR			
MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUN	TY STATE
	27a. I certify that (Mithis hospite sow the deceased alive an above of (we) (did (did not)) 27b. SIGNATURE	Amy 23	19 8	19 7 DEGREE ATTENDING PHYSICIAN	MEDICAL _ STAFF	22c. [the couses stoted DATE SIGNED
	PETER H.	RHFINSTEIN	, MD	PEDERAL HI	IL NURSING	3 HOME	17/
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	04/27/82		EMETERY OR CREMATORY THEDRAL	BALTTMOF	RE COUNTY	MARVIANI

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filted should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

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24. FUNERAL DIRECTOR MARSHALL JONES, JR/410 PORE EDMONDSON AVE



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OR ATTENDING PHYSICIAN: The low

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should be detached for use as the burial-transformer. Then please remove carbon papers. Pages 1 and 2 should be filled in by the whith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	STATE REGISTRAR	DUAN		CATE OF DEATH	Ö,	REG NO	0	91	5 0
1 DE	CEASED NAME FIRST	AIDDLE	LAS	ST .	20 DATE OF DE			AY YEAR	2b HOUR
1	1442		Drum	-MER		A	PRIL .	20 1982	2:201
1. SE	X 4.	RACE /	5 DATE OF	BIRTH YEAR	6 AGE (IN YEARS	LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
i	• ,	NEGRO	17 -	13-06	1/3		YRS.	ONTHS DAYS	HOURS MIN.
AL B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	1? 8		9 BALTIMORE	CITY OF		OF DEATH	
1	Md.	USA	WIDOWED	NEVER MARRIED L	BA1-	12)	CITY	,	AA
10 C	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	12a USUAL OC				OF BUSINESS OF
E	Alto.	Trouide	n/h	tospital	House	- 4	P REING LINE	INDUSTRY	
13a.	AL RESIDENCE (IF NURSING HOME OR OT STATE, 13b COUNTY	THER INSTITUTION, GIVE RESIDENCE BEH	ORE ADMISSION)	134 INS DE CITY LIMITS?	13e STREET AD	DRESA		4	
17	10	SAL	To.	YES NO	2601	Ce	cil	90	
N. F.	ATHER'S NAME FIRST	The hote	1	S MOTHERS MAIDEN NA	ku Di	MA THE	m	Epo LA	iS1
		D FORCES? 166 SOCIAL SEC	CURITY NO	17 INFORMANT	- 1	ADDRES	is n		
(YES, MO OR UNKNOWN) (IF YES, GIVE W	218-10	-3411	Volana 1	Duck.	260	016	cil 6	1
	18 CAUSE OF DEATH (Enter only	one couse per lipe for (a), (b) _/	and (cl.)					APPROD BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUSED I		2 mls K	water	remost	Marine.		15	mi
	2500	DUE TO, OR AS A COMPLO	UENCE OF	1				4	
	Conditions, if any, which	(1b) A	Guess	Call			7 10	3.	Ran
	gove rise to immediate couse 101, stating the	DUE TO, OR AS A COMSED	LIENCE CIP						8
	underlying couse lost	Ici eles	setty.	MI sell	les			1	en
-	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	AIN AL DISEASE C	RCOND	ITION GIVE	N IN PART I	(0)
وَ									4-1-1
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION	WAS PERFORMED	200 AUTOPS	As		WERE FINDI	NGS USED S OF DEATH?
- E	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		71. HOLV 5 LUDY 5 5 5 10		10 🗌			NO 🗆
	OR CONTRIBUTING CAUSE OF DEATH	LICHE A LL MONITH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY	IN ITEM 18, PA	RT I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	AV LOCATION					
MEC	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	cr	TY OR TOWN	4	COUNTY	STATE
	AT WORK AT WORK	J	7/3	1 1 - 21		01	00 /	725	
	22a. I certify that (I) (this haspital saw the deceased alive on	offended the deceased from		that in (my) (our) opinion	death accurred o	To day	a and hour	and from the	that (I (we) los
	obove, (I) (we) (did) (did not) v	new the body ofter death.		GREE	ocom occorred o	ii iiie doi			SIGNED
Н	11	12 - 8.	7. 4	ATTENDING	_ MEDICAL	STAFF		C/	1 10-
1	27d, PHYSICIAN'S NAME (TYPE OR PR	PINTI	July 1	PHYSICIAN [22e ADDRESS	DIRECTOR	PHYSICI	ANLE	16	
	A 971R	ANNIA	2	Fren	rid t	- /	4	. 50	4
23g. I	BURIAL, CREMATION, REMOVAL	23b. DATE / 23c	NAME OF CEN	METERY OR CREMATORY	23d LOCATIO	ON	1	^	1
7	SINULA P	4/26/82	Balt	. Cemeter	Ball	大.	In	JUNY Y	STATE
24 F	UNERAL DIRECTOR	Anness	10	7 0 A 250 BAT	E REC'D. BY REG	ISTRAR 2	Sh REGISTR	AR'S SIGNAT	TURE
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TO HOSPITAL

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STATE OF MARYLAND

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_	D MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS, PRICEDED AS A SHOULD BE FORWARDED TO THE FLINERAL FILIDS AND A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A ALONG WITH FORM PAGES 1, 2, AND 3 TO THE FLINERAL FLIDS AND A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 3 SHOULD BE FILED. WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF VITAL RECORDS, 201 W. PRESCHINS ALLIMORE, MARYLAND, 21201 PRIGR TO BURIEL OF PREMOVAL.	
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	O MEDICAL EXAMINEE: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H. SECULT THE CERTIFICATE WRITING THE WORD: PENDING: IN PENCIL IN ITEM AGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALCING FORMER ALCING FORMER SHOULD BE USED AS A BURIAL - TRANSITY PRIN METER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENIA ALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1
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ARS HA	-	THER'S NAME			1 [Baltimo	re	IS. MOTHER'S	S MAIDEN N	617 St.	John	SL	ane		
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A STEEL P		22a. I certify that	I took charge	of the remains	described of	ove, held on	Autop	sy . Ir	nspection X], Inquiry	, ond	in my op	Dinion	Y.	
KAMIN BE BE WITH WRYLA		death resulted from	Notural	couses X,	Acciden	17	ovicide	, Homicide		ndetermined mon	ner,				
MAN AND AND AND AND AND AND AND AND AND A		ACTUAL SIGNATURE	Welle	fle	me!	Shell	<u>L</u> ,	TITLE (SPEC	,	MEDICAL EXAMI	VER	DATE	D 4-	-27-8	2
MEDIO GE 4 S FUNE TER DE		EXAMINER'S NAME	Mar	garita	A. Koi	rell, M	1.D.	.ADDRESS	111 P	enn St.,	Balto	o.,M	d. 2	21201	
BP 888 -	23o.B	PRIAL, CREMATION, R	EMOVAL 236	DATE 4/30/8				Cemeter		LOCATION CITY OR TOWN Pikesvi	le B	alto		Md.	TE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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The low relicion. icion. ist hos been not permit of rightne prior shows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		YES NO	OB. IF YES, WERE FIND CAN CERTIFYING CAN YES	USES OF DEATH?		
SICIAN og phys certifico ritol-tro entol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PAR	RT 2)		
VG PHYS offendir frer this os the bu h ond M orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNT	TY STATE		
ATTENDII spitol or CTOR: A I for use of . of Heolt		22a.1 certify that (1) (this hospital) sow the deceased alive on	4/22 10 01	d that in (my) (our) opinion d	eoth occurred on the date	ond hour and from	that (1) (we) lost the couses stated		
TALOR, by the ho RAL DIRE derochec fote Dept form. If fren		The SIGNATURE BOLIAN DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN WE USED 127. DATE SIGNED 127. DATE SIGNED 127. DATE SIGNED							
TO HOSPITAL TO FUNERAL should be det with the Stote		HOWARD BOLTANSKY UNIX OF MD HOSP'S GIVENEST DALTO							
BP	(Burial		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
DHMH - 16 50M 1/81 (VRA 15, 4)		neral director	/H 1101 E. North		R 23 1987	BEGISTRAR'S SIG	Parts.		

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR (IN YEARS LAST BIRTHDAY) YEAR 70 BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND (TYPE OF WORSE FOR MOST OF WORKING LIFE) INDUSTRY MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) W. Belvedere CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A COMSEQUENCE OF gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK AI WORK 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive an 4-2 abave, (1) (we) (did) (did not) view the bady after death , and that in ur) opinion death occurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23b. DATE OR CREMATORY 23d LOCATION (SPECIFY CITY OF TOWN Buria Taure] 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B) (VRA 15, 4)

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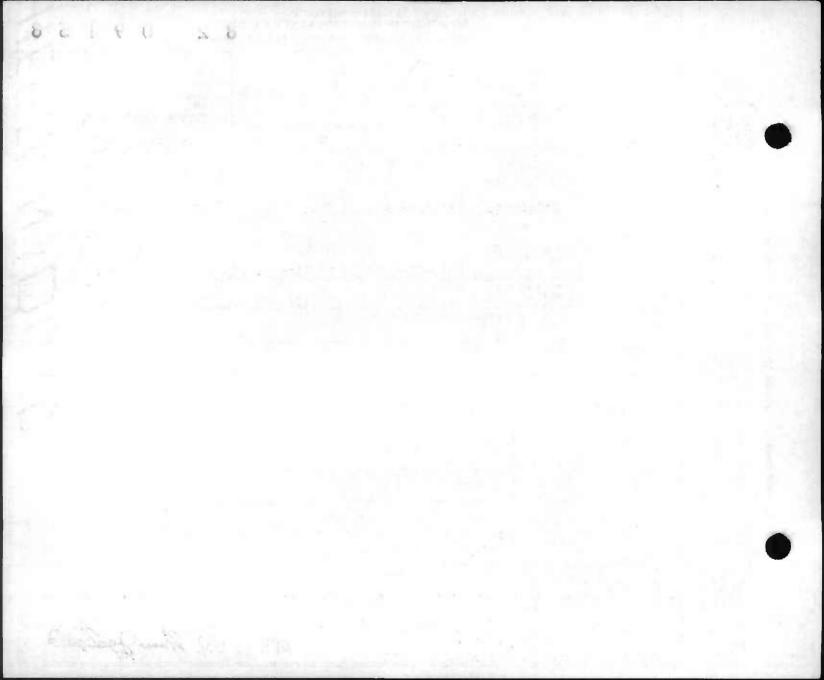
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STATE OF MARYLAND

2h HOUR

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nding physicion and completely filled in by the funeral director page 3 cochangapers. Pages 1 and 2 should be filled within 72 hours ofter death or cremaval.

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR After

IMPORTANT: If Item 21 is marked or Item 18 shows

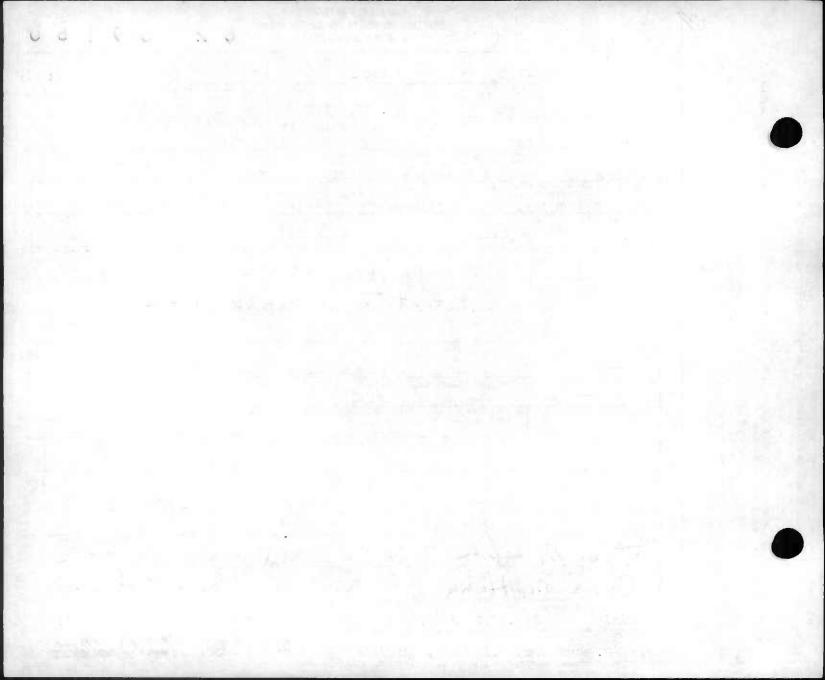
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8	PEG NO	0	9	
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1.	STATE REGISTRAR	DEI	CERTII	FICATE OF DEATH	HYGIENE 8	REG. NO.	091	6 0
	CEASED NAME FIRE			LAST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	Ced	celia C.	Dur	ncan	17	04	08 82	7:1QF
3. SE	X	4 RACE	5 DATE (OF BIRTH		ARS LAST BIRTHDAY)	WONTED DATE	IF UNDER 24 HRS
	Female	White		27, 1915	66	YRS		MOURS MIN
	IRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMOR	RE CITY OR COUN		
1	issouri	USA	WIDOW		_ 1 1 .	ч		MD.
10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	STREET ADDRESS)			FOR MOST OF WORKING		OF BUSINESS OR
USU.	altimore ALRESIDENCE (IF NURS ALL HE			Spital	nousew.	rre		
	Md.	Balto Bal	timore	13d. INSIDE CITY LIMI YES NO 🗶	83.	DDRESS 20 Bonai i	r Road	4
	Joseph	Malter	ST	IS MOTHER'S MAIDE	N NAME	MIDDLE	Myer	ŠT.
16a V	WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS	el, Md.	20707
- (YES, NO OR UNKNOWN) (IF Y	es. GIVE WAR OR DATES)	- 3840	Mr. Robert	O. Dunca			
		ter only one cause per line for (a),		PIZ: ROZCI C	O. Danea	1 10001		MATE INTERVAL ONSET AND DEATH
	Conditions, if any, while gave rise to immedia cause 101, stating 11 underlying cause los	te DUE TO, OR AS A CON						
NOI	PART 2 OTHER SIGNIFICA	ant conditions <u>contributin</u>	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION (GIVEN IN PART I	0
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FINDIN RTIFYING CAUSES YES []	NGS USED OF DEATH?
CER	210. ACCIDENT WAS UNDERLYIN			21c HOW INJURY OF				
	OR CONTRIBUTING CAUSE		H DAY YEAR					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this sow the deceased ali	hospital) attended the decrosed ive on		nd that in (my) (our) op	nion death occurred	on the date and t		that (I) (we) last causes stated
	276 SIGNATURE RASS	m the	m.	DEGREE ATTENDI	NG MEDICAL AN DIRECTOR [STAFF PHYSICIAN	22c. DATE	SIGNED
	22d PHYSICIAN'S NAME (My Hahn		220 ADDRESS	Lock A	aven K	3/vl 2	1234
23a B	BURIAL, CREMATION, REMO SPECIEVI BUrial	236. DATE Apr.14,1982	23c NAME OF C	EMETERY OR CREMATI	C 1831 10	20.101111	Balto.	* Ma STATE
24 Ft	UNERAL DIRECTOR	k Inc. Baltimore	RESS Maryl		APR 12 1		w 9-1	estle

DHMH - 16 50M 1/81 (VRA 15, 4)



	COLUMN TO THE REAL PROPERTY.	
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	REGISTRAR	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIFIC	ALE OF DEATH	REG. N	0		
1 DECEASED NAME	LBUR LE	MIDDLE	DUNG	AN		MONTH 4	26 82	2b HOUR 2:05 P
3 SEX Male	4.RACE White		DATE OF E	18TH 2, DAY 1926 EAR	6. AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
BIRTHPLACE (STATE OR FO	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C BALTIMORE	R COUNT	Y OF DEATH	MD
BALTIMORE	VAMC, I		DDRESS)	BALTO. MD	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF SECURITY			F BUSINESS OR
Md.	NG HOME OR OTHER INSTITUTION 13b COUNTY	130 CITY OR JOWN Baltimor	113	LINSIDE CITY LIMITS?	133503 EIMOX	a Ave	enue	
FATHER'S NAME FIRST Edward		Dungan	15	Catherine			Kepper	Į.
160 WAS DECEASED EVER I (YES, NO OR UNKNOWN) YES	N U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) KOTEA	166 SOCIAL SECUR 220 12 48		INFORMANT Irs. Emma M.	ADDRE Dungan Sa	ime		
Conditions, if ony, gove rise to imm couse to storing underlying couse	MMEDIATE CAUSE (o) DUE TO, C which ediote	ACUTE OR AS A CONSEQUEN OR AS A CONSEQUEN	ICE OF	pcardial	infarct	ion	_ 2	days
PART 2 OTHER SIGN 19a DATE OF OPERATI		ONTRIBUTING TO DE			28a AUTOPSY?	20b. IF YE:	S, WERE FINDIN	GS USED OF DEATH?
OR CONTRIBUTING CA	ALEXAMINER) HOUR A	DE INJURY .M. MONTH DAY .M.	YEAR	CHOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		PART 1 OR PART 2)	NO []
21d INJURY OCCURRI	E TAT HOME, ST	OF INJURY REET, FACTORY OFFICE FAR		LOCATION	CITY OR 10	WN	COUNTY	STATE
220.1 certify that X() (sow the decease obove, X() (we) (di	this hospital attended the dive on APRIL d. All was been at the body	deceosed from A 26 19 8		6 19 82 not in (my) (our) opinion	deoth occurred on the do			that X (we) last couses stated
226. SIGNATURE Darlo	111	lland	m.	ATTENDING PHYSICIAN [MEDICAL STAR		22c DATE	SIGNED /82
DARLA	S. HOWA	VD M. I		ADDRESS	VEN BLVD. B	ALTO.	MD. 2	1218

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

and Mental Hygiene prior to but morked or Item 18 shows ony

should be detached for use as TO FUNERAL DIRECTOR etoined by the hospital

IMPORTANT: If hem 21 is

Burial
24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Apr. 30,1982 Crownsville Veterans Crownsville A.A. Co. M.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
APR 28 1982

23d. LOCATION

Md.

STATE

COUNTY

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ne prior to burial, crematian,

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

attending physician

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BP

TO HOSPITAL

OR ATTENDING PHYSICIAN: The

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MPORTANT: If Hem 21 is

CERTIFICATION

MEDICAL

STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR			DEPARTA	CERTIFICA			IENE 8	2 REG.	NO.	9	1	6	2
	CEASED NAME OR PRINTI	FIRST	e	WIDDLE	Du	ha	m	20 DATE OF	DEATH	MONTH	Z7	YEAR 82	26 HO	UR 10
SEX	MALE		4 RACE	CARUCASIAN	5. DATE OF BIR	DAY C	2 SC	6 AGE (INYE	T 9	RTHDAY)	MONTHS	DAYS	IF UNDE	R 24 HRS MIN.
	RTHPLACE (STATE OR FOR DUNTRY)	REIGN	76 CITIZEI	W.S.A.	MARRIED WIDOWED		RRIED	9. BALTIMO	RECITY	ORCOUN	TY OF DE	HTA	7	Α.

	- 1-			-				4.2	I M
3. SE	x	4 RACE	5. 0	DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
	MAlt	Cyp	UCASIAN	MONTH DA	S OZ	79 YR	MONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WH.	CAIN	AARRIED NEV	ER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF COUNTY	TY OF DEATH	Y	MD.
10. C	Balto.		SPITAL, NURSING H CILITY, GIVE STREET ADDRI		G 14	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINE	
	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		ERESIDENCE BEFORE ADM		NO [130. STREET ADDRESS 30 12 0 v	lando	A.	2
14. F/	ATHER'S NAME FIRST FIRST	MIDDLE	Durha	m	FIRST	beth MIDDLE	But	leR)
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATEST	SOCIAL SECURITY 216-12-53	17 MA		Durham 301	12 OR /440	lo A	ven-
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUENCE	Puli	nonar	y Arrest	APPROX	MATE INTER	VAL
	PARTS OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEAT	TH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	a i	

diac 00

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 280 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES | NO [YES 🗍 NO 216. TIME OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET CITY OR TOWN COUNTY

220.1 certify that % (this hospital) attended the deceased from saw the deceased alive on above, A (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

221. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

0 230, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

23d LOCATION

COUNTY

24 FUNERAL DIRECTOR

NOT WHILE

Chaples L. STevers Fracan Home, Inc. 1501 E. Fant Ave

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S APR 28 1982 Chances

STATE

DHMH-16 50M 7/77 (VRA 15(4))

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2.2 53 6153 H.S. CHS HOK! Y. HOMP 4639 H. MORTES HE

30 1/02 LITTLE THE WILLIAM (BELLU), LE.

FOR

DHMH-17 (VR A15 ME (5))

15M 2/80

120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY 406 Branch St. LAST 235-01-8138 Claudia Mae White 1615 E. Chase St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO X 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 4/23/82 Balto., MD. STATE West 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE C. March F/H 1101 E. North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7b. HOUR

2d HOUR 4:44

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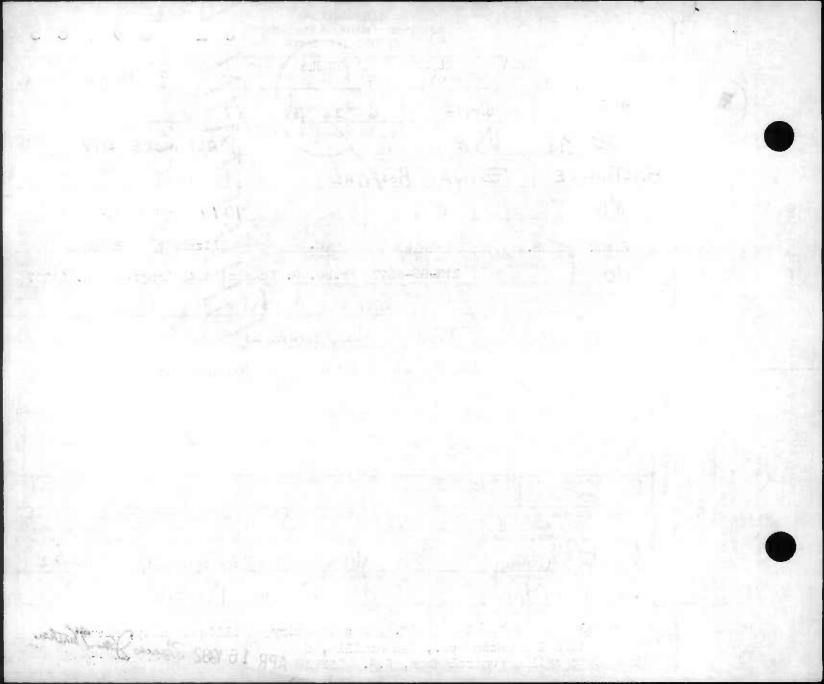
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West 56 ,000 Jum 6 . W. -

		STATE OF MARYLAND			
1 - STATE REGISTRAR		CERTIFICATE OF DEATH	GIENE 8 2 C	9 1	6 5
1 DECEASED NAME (TYPE OR PRINT) AS HO	HBY MIDDLE CLARK	ECKELS	20 DATE OF DEATH MONTH	15 82	7:55 AN
Male	WHITE	5. DATE OF BIRTH MONTH C 26 1897	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
TO BIRTHPLACE (STAR OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN		MD
BALTIMORE	(IF SUCH FACILITY, GIVE STREET	TOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	(LIFE) 126 KIND OF	BUSINESS OR
130 STATE 136 COUNTY		YES NO [13e STREET ADDRESS 5506 Frederic	k,Rd.	
Frank M.	Eckels		Elizabeth ADDRESS	Bridne	P
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) I IF YES, GIVE W 18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I	213 ⇒ 05−	8512 Mr. Wm. B. Ed	ckels, 1549 Lanc		21207
	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) ACLUMATER NDITIONS CONTRIBUTING TO D	Jul Embo) hemiparesis	EVEN IN PART 110	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDING TIFYING CAUSES O YES	GS USED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH	P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM II	B PART 1 OR PART 2)	
AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY	STATE
sow the deceased alive an obove, (I) (we) (did) (did not) w	4/15		deoth occurred on the date and h	our and from the co	
22bysignatu Lu	reng	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE S	S/FZ
Hug 22d PHYSICIAN'S NAME (TYPE OR P)	AFFE	22e ADDRESS			
SPECIFY) Burial	4/19/82 5	t. Johns Cometery	23d LOCATION CITY OR TOWN Fllicott Cit	COUNTY	STATE
24 FUNERAL DIRECTOR 1630 Edr NAME Witzke Catonsvil	mondson Ave	atonsville,Md 230.DA P.A. 21228 AP	R 16 1982	Dans.	



	1	STATE OF MARYLAND
-	Ti.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 9 1 6 6
	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 22 HOUR
p p	LIAN	Frank Edmonds 4 8 82 9A M
noy in de	3. SE	Z M
4 of 6	100	MONEY PAYER YEAR DI
9600	1160	THE ACT THE OF WHAT COUNTY? 8 PRANTIMORE CITY OF COUNTY OF DEATH (
E 78/1162/16	1	MARRIED NEVER MARRIED
de de	1	WIDOWED DIVORCED & DAILIMORE CITY MD
à, 11 1/1	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH PACIFY. GIVE SUCH ADDRESS)
201	1	12H 10. SI, FIGNES HOSK, Kellred -
121 Par 121	USU	ALRESIDENCE OF MADRIE OF THE PROTECTION OF THE P
AND 24	1//	Aryland 47/10, YES 10 NO 235, /1/100 S/
ML 4	14. F	ATHER'S MAJOEN NAME
MARYLAND 21201 red within 24 haurs of and 2 haurs of a condition to the condition of the co	1	Willia Mode Formonds HATTIE WASSY
RE, J	16a \	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 117 INFORMANT 1 ADDRESS
BALTIMORE, cate be execut yystran and capers. Pages 1 youl.	1	45 LE WIF SOME WARD CALES STORES ALLENDED TO STORES TO S
ALTI.	F	
hysic pape toval.		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Cardiores piratory arrest. [MMEDIATE CAUSE (b) Cardiores piratory arrest.
erthfu ng ph bonp remo		IMMEDIATE CAUSE (0) Cardiorespiralory curresi.
he death of the attending of traumation, or traumatic		43/ DUE TO, OR AS A CONSEQUENCE OF
REST dear nave orian		Conditions, if any, which gave rise to immediate (b) Stroke
0 0		couse (a), stating the underlying cause last
= peg =	1	couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF Cerebro - Vascular accident
	1,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
2 2 2 2	CERTIFICATION	Ca colon with extensive Liver metastasis
low r low r s bee	N S	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL RE ON OF VITAL RE ding physician. The log physician. As certificate has burdel-transper per Mental Hygiera per	I E	3-13-82 Carcinoma of Lt-colon VES NOT VES NO LINCERTIFYING CAUSES OF DEATH?
ON OF VITAL HYSICIAN The ding physicia is certificate burial-fronsit Mental Hygie Mental Hygie	Ü	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
N OF VI	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M., 19
SION OF VI PHYSICIAN ending phys this certifica the burial-tran and Mental Hy d or frem 18	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION
DIVISION OF PER After the as the alth and amarked of marked of marked of the angle	2	WHILE NOT WHILE AT WORK AT WORK AT WORK
DIN NDING I ar o I ar o		200.1 certify that (1) (this haspital) attended the deceased from Feb- 17th 19 82 to Apsel 8 19 82 that (1) (we) last
TTEN prital TOR for us		saw the deceased alive an April 8th 19 82, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not; view the bady after death.
A C C P E		obove, (1) (we) (did) (did not: view the body after death. 226 SIGNATURE DEGREE 226. DATE SIGNED
0 " 0 0 =		The one stores
HOSPITAL O	-	THISCIAN DIRECTOR THISCIAN
HOSPITA med by FUNERA wid be de th the Stot		
TO HOSPITAL (retained by the To Funeral Is should be deton with the State [IMPORTAN]. If		MERCHANT DEEPAK, M.D.
F 5 F 4 3 Z	23a E	BURIAL CREMATION, REMOVAL 236 DATE TO THE OF CEMETERY OF CREMATORY THE LOCATION
2006 BP		QUILAI 4-14-82 SAMIMONEAUTEN CAMBONEL TOTAL
DHMH - 16 50M 1/B1	24 F	OSCOP L. RUSS 2232 W. North Ave. APR 13 1982
(VRA 15, 4)	1	oscop L. Icuss 2222 W. North Ave. APR 13 1902
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i for	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	CIENE O O O I A 7
REGISTRAR	CERTIFICATE OF DEATH	REG. NO
OF STATE OF	ID L. EDWARDS	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 11:152
See 4 moy be of the company of the c	8 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IT UNDER 24 HIS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATEORF COUNTRY) VA	OREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH
Baltimore		12a USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
DE LA	NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Paltimore YES NO	13e STREET ADDRESS 1429 N. Potomac St
Baltimore MED I CAL MED I STATE MED I CAL MED I CAL	MIDDLE LAST 15. MOTHER'S MAIDEN NA FIRST MARY	
HE DISCONDING TO THE PROPERTY OF THE PROPERTY	N U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 213-01-4218 Mabol Education	ards 1429 N. Potomac St.
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ELEASED AS NON- ING PHYSICIAN: The law requires the cottending physician. Witer this certificate has been signed to so the during physician. The place of the downward Hygiene print to buring the down the place of the down the down the place of the down the place of the down the place of the down the down the place of the down the down the place of the down the dow	ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206. AUTOPS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SCIAN: The property of the control o	AUSE OF DEATH HOUR A.M. MONTH DAY YEAR	YE NO YES NO CHECK NO
A POINT AND A TOTAL OF THE PROPERTY OF THE PRO	(AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
220.1 certify that (I)	d) (did not) view the body ofter deoth. DEGREE ATTENDING	death occurred on the date and hour and from the causes stated MEDICAL STAFF 19 22, that (i) (we) lost death occurred on the date and hour and from the causes stated 22c. DATE SIGNED
TO HOSPITA eformed by TO FUNERA should be de with the Storing MADRIANI. NA S,	PHYSICIAN [topiking Huspiti
23a BURIAL CREMATION F		23d LOCATION CITY OF TOWN COUNTY
DHMH-1650M1/81 (VRA 15, 4) DHMH-1650M1/81 (VRA 15, 4) Wm. C. Mar	delight deligh	Baltimore TE REC'D. BY REGISTRANTIST. REGISTRANT DR 21 1982

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENT.	AL HYGIENE
CERTIFICATE OF DEATI	H

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-	ATE GISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 2 EG. NO	0916
I DECEAS	Joa	MIDDLE	Edwards	20 DATE OF DEATH	Pril-15-82 26.1
	emale	Black	5 DATE OF BIRTH MONTH DAY YEAR 7- 13 52	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOT
S BIRTHE COUNTY	evland	U. S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	BAIT	more Ci
9 BA	timore	(IF NOT ID SUCH FACILITY, GIVE STREET	T HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
S Me STATE	0/	130 HER INSTITUTION, GIVE RESIDENCE BEFOR 130 CITY OR TOW	AES NO D	13. STREET ADDRESS _ 4655	Park Haht
O J	PS NAME	MODILE SUKE	15 MOTHER'S MAIDEN NA.	. MIDDLE	Rich
	DECEASED EVER IN U.S. AF O OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) Z/5-55	JUST YUGHAR R	ADDRE	55 Park Ho
90	inditions, if any, which the rise to immediate use in , stating the derlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF ne	ck	
	T 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONL	DITION GIVEN IN PART I a
	RT 2: OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I
AL CERTIFICATION OF 140	DATE OF OPERATION ACCIDENT WAS UNDERLYING [CONTRIBUTING [] CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	OPERATION WAS PERFORMED 21c HOW INJURY OCCURI 19	200 AUTOPSY?	206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \(\) N
DICAL CRITICATION OF CITE CATE CATE CATE CATE CATE CATE CATE CA	DATE OF OPERATION ACCIDENT WAS UNDERLYING [CONTRIBUTING [CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 19 21f. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \(\text{NORMALE} \) N Y IN ITEM 18, PART 1 OR PART 2)
WEDICAL CERTIFICATION (III)	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINER INJURY OCCURRED HIE NOT WHILE AT WORK I certify that (I) (this hasp sow the deceased alive ar abave, (I) (we) (did) (alical ar	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 21f. HOW INJURY OCCURING 19 21f. LOCATION STREET 19 , and that in (my) (aur) apinian	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW	20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E YES N Y IN ITEM 18, PART 1 OR PART 2) N COUNTY Let and haur and from the cause
WEDICAL CRITISES	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINER INJURY OCCURRED HILE NOT WHILE AT WORK I Certify that (1) (this hasp saw the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Injury) (at view the bady after death.	AY YEAR 19 216. HOW INJURY OCCURI 19 216. LOCATION STREET	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death accurred on the do	20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES N Y IN ITEM 18, PART 1 OR PART 2) 7 COUNTY 22c DATE SIGN

DHMH - 16 60M 1/75

TO HOSPITAL OR

ATTENDING PHYSICIAN, The low

24 FUNERAL DIRECTOR (VR A 15 (4))

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APR 19 1987

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16 16 1007 Man Que 17 200

199 8 1982 Filmers James

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remaye carbonpapers. Pages I and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical

IMPORTANT: If them 21 is marked or Item 18 shows ony

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	9	1	7	(
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REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	0 /		
1. DECEASED NAME FIRST		MIDDLE	ı	AST .	20 DATE OF DEATH MO	NTH DAY	YEAR 2b H	HOUR
Louise	M.	Edwar	rdson		April 17,	1982	1	Pom
3. SEX	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTHD)			NDER 24 HRS
Female	White		Marc		80	YRS	BAYS HOU	/KS MIN
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR C		ATH	
Maryland	U.S	. A.	WIDOWE		Baltimore	City		MD
10 CITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. K	(IND OF BUS	
Baltimore	1107	Ramblewood	od Ro	ad Apt.A	Bendix Radio		JSTRY	
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE						
Maryland	71411	Baltimor		13d. INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS	rood Bor	. 3	
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	vood Roe	IC	
Sigmund	MIDDLE	Dorsch		Anna	MIDDLE	7.7 o ann	LAST	4
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	Wern	er	110
(YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	216-05-8	224	Tamas Educad	le en 1107 p. 1	. 7	-	
	====			James Edward	lson 1107 Ram	premood	Road	ail (mila)
PART I. DEATH WAS CAUS	only one couse per SED BY .	line for (o), (b) and	2	+101.	FID -	BE.	APPROXIMATE P	AND DEATH
IMMEDI	ATE CAUSE (a	scurrent	onge	Men Heart	Failure		3 year	
4295	DUE TO, O	AS A CONSEQUE	NCE OF	0 - 0 14 5	*	1 13	-	
Conditions, if any, which	(b) /	Lepherton	alon	ASCV-	D		154	pro
gave rise to immediate couse (a), stating the	DUE TO O	SA CONSTONE	NC E. OF	0 1 -	1.			
underlying cause last	des	sociate	6	Cenal Fa	ilure			
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN P	ART Ita	
To accident was underlying	barieta	2 Jufar	rtim	"Senero Os	tenhoras	a - asta	mante	Ositi:
NO DATE OF OPERATION	196 CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFORMED		b. IF YES, WERE		
E I					YES T NOT	CERTIFYING CA		EATH?
210 ACCIDENT WAS UNDERLYING	216. TIME O			216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P		
OR CONTRIBUTING CAUSE OF D	EMIN		Y YEAR	10				
(IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	Zie PLACE		19	21f LOCATION				
MHITE NOT MHITE		EET, FACTORY, OFFICE, FA	RM ETC	STREET	CITY OR TOWN	COU	NIA	STATE
AT WORK AT WORK		1 1 1 1	no	1 Nem 1501 60	adril	11 8	9	
22a I certify that (I) (the law saw, the deceased alive a	of her	CL 1010 B	2	ed that in (my) (aur) opinion of	. 10	19 0	that (li (val) last
sow the deceased olive a abave, (1) (we will) (did r	at) view the bady	after death.	, on	a that in (my) (aut) opinion (deoth occurred an the date of	and hour and fro	im the causes	s stated
22h SIGNATURE	1/1	1.1	100	ATTENDING C	Augusti star	22	DATE SIGNE	ED CO
Harold	V, 1	tarbol	X 1	PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	10 44	rilly	, 148.
220 PHYSICIAN'S NAME (TYPE	OR PRINT)		-	The ADDRESS		1/	1/	
Harold V. Har	chold MD			4706 Harford	Rd. Baltimor	e, Maru	land	
23a. BURIAL, CREMATION, REMOVA	L 23b DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	236. LOCATION			
(SPECIFY) Rurial	Ann 20		7-7		CITY OR TOWN	COUNTY		STATE

DHMH-16 50M 1/81 (VRA 15, 4)

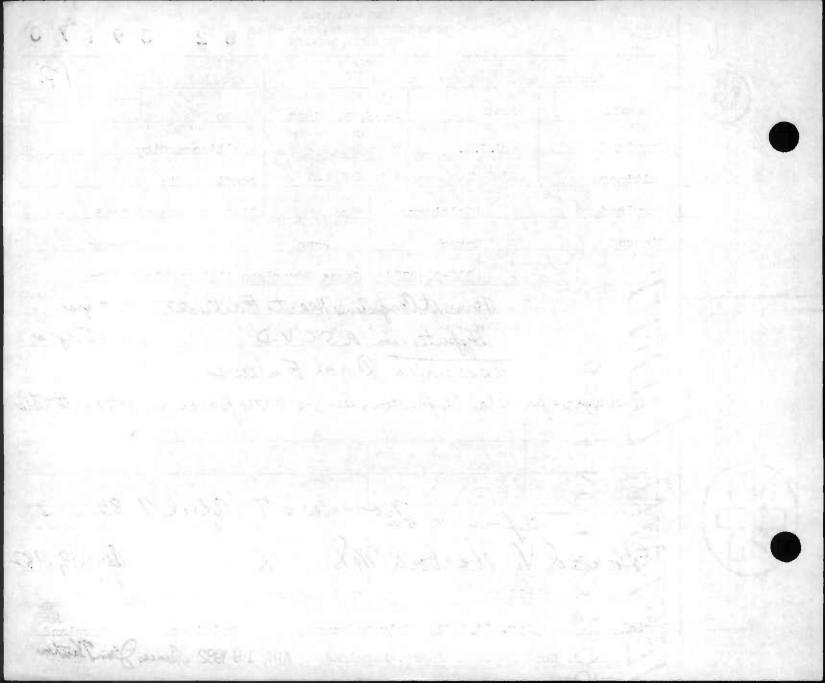
retained by the haspital or attending physicial

24 FUNERAL DIRECTOR

20,1982

Leonard J. Ruck Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 191982



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical

1	- 5	FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	9	7	
_	REG. NO.	-			- 1

REGISTRAR			CERTII	FICATE OF DEATH	O Z	NO.	9 1	/ 1
1. DECEASED NAME FIRST	41.00	WIDDLE	19.71	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Charles	S	Elmer]	Ehrhardt	April 3	3, 1982		. N
3 SEX Male	4. RACE Wh	ite	MONT	OF BIRTH OAY 1887	6 AGE (IN YEARS LAST		MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
20-BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	-	9 BALTIMORE CITY		OF DEATH	
Maryland	U.	S.A.	WIDOW	ED MEVER MARRIED L	Bal	timore	City	MD
10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION Residence)	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Contrac	TION	17h KIND O	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COU Maryland		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS? YES MO .	13e STREET ADDRESS 5723 Ha	Balt.	, Md. Road	21214
14 FATHER'S NAME FIRST Charles	WIDOLE	Ehrhardt	t	15. MOTHER'S MAIDEN NA Dora	WIDOLE		White	
160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)	216-05-6		Ethel E. Mu	ADALOCE .		t., Md.	21214
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO E	NCE OF		usa desa		30	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH? NO [
OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	R) HOUR A.	m. month da m.	19	211. LOCATION STREET	RED (ENTER NATURE OF IN		COUNTY	STATE
22a. I certify that (1) (the bose sow the deceosed alive or abave, (1) (we) (did) (did)				nd that in (my) (ear) opinion		date and haur	ond from the c	
226. SIGNATURE		rdaw		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE !	SIGNED 2
Dr. Charles	O'Donov	an III	I.D.		se Street	Baltim	ore, Ma	aryland
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Rurial	23b DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Re 1 +	mone	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital ar attending physician.

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAN 256 BEGISTRAN'S SIGNATURE
APR 6 1982

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	1 -	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		G.NO. 0	9 1	7 2
			FIRST	MIDDLE	LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOURD . II
100	(TYPE	OR PRINT)	nnie	Δ Ε	disenzonf		1 0	82	11:30
WW	3. SE		4. RACE		5 DATE OF BIRTH	6 AGE IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
- July 1	T	Pemale	Whit	- 0	12 26 8		YRS	MONTHS DAYS	HOURS MIN
5	7a. BI	RTHPLACE (STATE OR FORE		OF WHAT COUNTRY?	18	- 9 BALTIMORE C	TY OR COUNTY	OF DEATH	
47	C	Germany	11 0	Α 5	MARRIED NEVER MARRIED		more C	+ + +	MD.
5	10 C	TY OR TOWN OF DEATH			G HOME OR OTHER INSTITUTION	N 120 USUAL OCCI	JPATION	126 KIND C	OF BUSINESS OR
30C		Balto.	7 / T	SUCH FACILITY, GIVE STREET	~ 1	Housew		FE) INDUSTRY	
pe	USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTI	ION GIVE RESIDENCE BEFORE	ADMISSION)				
3	130 3	Md .	b COUNTY	Balto.	N 13d. INSIDE CITY LIMI	13e STREET ADDR	Culvei	- 47	
in a	14. F.A	THER'S NAME		12707-	15. MOTHER'S MAIDE	NNAME		. 51.	
3501	1	FIRST	MIDDLE	Reich	FIRST	IINKN		1A5	ST
0 ,		VAS DECEASED EVER IN		? 166 SOCIAL SECU			PPRESST.	#212	20
medicol	0	res, no or unknown)	F YES, GIVE WAR OR DATES)		0654-A Miss				29
event, the		18 CAUSE OF DEATH	Enter only one cause	nor line todical the one			o Visdu	Appendix	MATE INTERVAL ONSET AND DEATH
remation, her troum		gave rise to immed cause (a), stating	the DUE TO	as la Constaus	NCE OF ICOD)	3			
or oth	NO	couse (a), stating underlying couse PART 2 OTHER SIGNIF	the lost DUE TO		NCE OF SION CO	TERMINAL DISEASE OR		/EN IN PART 10	01
ws ony injury, or oth	TIFICATION	couse (a), stating underlying couse	the lost DUE (c). ICANT CONDITIONS VO ABA	CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE		20b. IF YES	/EN IN PART 16	NGS USED
ws ony injury, or oth	CAL CERTIFICATION	PART 2 OTHER SIGNIF	the DUE TO ICL ICANT CONDITIONS ICANT CONDITIONS ICANT CONDITIONS ITALIAN I 19b CON LYING 21b TIME ISE OF DEATH HOUR	CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE PARKEN. OPERATION WAS PERFORMED 216 HOW INJURY OF	ETERMINAL DISEASE OR	20b. IF YES IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
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or Item 18 shows ony injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIF LYNL G G ST. 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDER: OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL ZID INJURY OCCURRED AT WORK WHILE AT WORK	The DUE TO IC). IC ANT CONDITIONS TO THE T	CONTRIBUTING TO DESCRIPTION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c HOW INJURY OF	TERMINAL DISEASE OR 200 AUTOPSY: YES NO CCURRED (ENTER NATURE C	206. IF YE. IN CERT IF YE FFINJURY IN ITEM 18. F	S, WERE FINDING CAUSES S	NGS USED OF DEATH?
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or Item 18 shows ony injury, or		Couse (a), stating underlying couse PART 2. OTHER SIGNIF CITY G S.S. 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CALE (IF EITHER, NOTHEY MEDICALE AT WORK NOT WHILE AT WORK 11 ACCIDENT WAS UNDERLOADED.	The DUE TO IC). IC ANT CONDITIONS TO THE T	CONTRIBUTING TO E A UNDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 219 (our) op	TERMINAL DISEASE OR 200 AUTOPSY: YES NO CCURRED (ENTER NATURE C	20b. IF YE. IN CERT IF YE FINJURY IN ITEM 18. F	COUNTY	NGS USED OF DEATH? NO STATE
or Item 18 shows ony injury, or		Couse (a), stating underlying couse PART 2. OTHER SIGNIF CHILD COUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (#FEITHER, NOTHY MEDICAL E 21d INJURY OCCURRED WHILE WHILE WHILE AT WORK AT WORK	the lost DUE FO ICL	CONTRIBUTING TO E A MDITION FOR WHICH E OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c HOW INJURY OF STREET 21l LOCATION ARM, ETC.) 21l LOCATION STREET OPERATION OF DEGREE	TERMINAL DISEASE OR 200 AUTOPSY: YES NO CCURRED (ENTER NATURE OF	20b. IF YE. IN CERTIF YE FINJURY IN ITEM 18. F	S, WERE FIND IN FYING CAUSES IS PART 1 OR PART 2)	NGS USED OF DEATH? NO STATE
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DHMH - 16 50M 1/76 (VR A 15 (4))

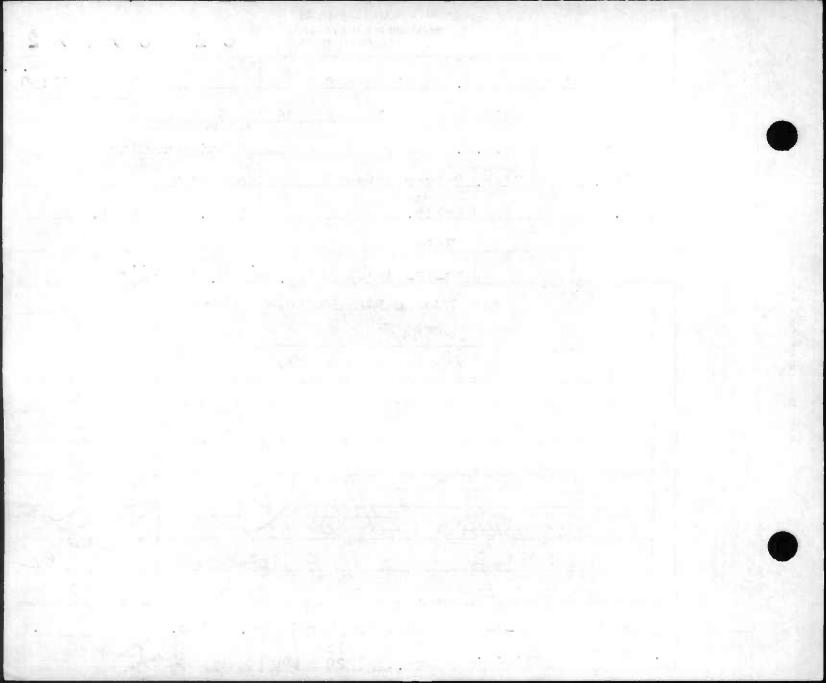
Burial 4-8-8:

4-8-8:

Trunkral Director

G. Truman Schwab, P.A.

3542 Frederick Ave. #21229



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			STATE OF MARYLAND		THE RESERVE THE RESERVE
-	T- STATE		T OF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	ENE (2)	00177
11	REGISTRAR	(2)		8 ZG. NO	091/3
1	1. DECEASED NAME FIRST	MIDDLE (AK		20 DATE OF DEATH MONTH	20 1082 915 D
	Lawrence	Joseph	Engelhardt_	TIPRIL	00 170 / PA
	3 SEX	. /	MONTH DAY YET	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Male	W nite J	uly 20 18%	85 yr	
31	(COUNTRY) MA	AI CON	ARRIED NEVER MARRIED	BALTIMORE CITY OR COU) C.J.
	IN CITY OR TOWN OF DEATH IT. NO	AME OF HOSPITAL, NURSING H	DOWED DIVORCED DIVORCED DIVORCED	Paltimor 12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
34	Battimore "	NOT IN SUCH FACILITY, GIVE STREET ADDRI	1 - 1 +	(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSEAgrams
-	UAL RESIDENCE (IF NURSING HOME OR OTHER IN		ISSION)	laintenance	Attyche Nsy Home)
35	THE STATE 136 COUNTY	13c. CITY OR TOWN		140 W. Lafay	111 0
	IL FATHER'S NAME	BALTIMO	15 MOTHER'S MAIDEN NAM		eneful
DO	Lawrence G.	Engal ham	FIRST	WIDDIE	(AST
1	Lawrence G. 160 WAS DECEASED EVER IN U.S. ARMED FO	Engelhar ORCES? 166 SOCIAL SECURITY		ADDRESS	King
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OF	212-09-1	7077 Hilda Enalel	godt 3420 Ma	y field Ava Baltum
	yes WW I		The state of the s	incac, 3720 MA	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY-	Ashin T	haran	. 0	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUS	SE (a) 119 JULIAN	en fracciona	4	
		JE TO, OR AS A CONSEQUENCE	of lead is		
	Conditions, if any, which gave rise to immediate	(b) crasure	viceding		
	cause (a), stating the DL underlying cause last.	JE TO, OR AS A CONSEQUENCE	OF		1050111
	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	H BUT NOT BELATED TO THE TERM	MAL DISEASE OR CONDITION	CONTRACTOR OF A
	3 Preummis	IONS CONTRIBUTING TO DEAT	VEL-1116 LE	NAL DISEASE OR CONDIGON	OVEN IN PART TO
		CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED
9	E. C.			IN CE	RTIFYING CAUSES OF DEATH?
7	210 ACCIDENT WAS UNDERLYING 711	. TIME OF INJURY	21¢ HOW INJURY OCCURR	YES NO	YES NO
9	00 00 00 00 00 00 00 00 00 00 00 00 00	OUR A.M. MONTH DAY	YEAR	TO THE TANK OF THE OWNERS AND THE THE	10 100 100 100 100 100
71	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED (A)	P.M. PLACE OF INJURY	211 LOCATION		
1		HOME STREET, FACTORY OFFICE, FARM, E		CITY OR TOWN	COUNTY STATE
- 1	AT WORK AT WORK		4/2 6	4/1	- 82
	220 I certify that (I) (this haspital) atte saw the deceased alive on	1/25 19 82	, and that in (my) (our) opinion d	eath accurred on the data and	that (1) (we) last
	abave, (l) (we) (did) (did nat) view t	he body after death	DEGREE	occorred on the date and	ndur and from the couses stated
	100.1	/(ATTENDING!	MEDICAL STAFF	THE DAY SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)		PHYSICIAN [DIRECTOR PHYSICIAN	200
1	224. FITT SICIAN STNAME (TYPEORPRINT)	Venna!	27/2 //a	- CE	BALLO
1	11//	CHMIN 3	4111-111h	es schricul a	efy 120 2112
	23a BURIAL, CREMATION, REMOVAL 23b. (1 1	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial 4	/23/82 Bohe	mian National	Baltimor	
	24 FUSchrimmek Funer	al Home	• 25a DATE	REC'D. BY REGISTRAR	SISTRAIS SIGNAPLE THE
	3331 Brehms Lan	e, Balto. Md	. 21213 AP	R 23 1987	ary James (Maries

BP. DHMH - 16 50M 1/B (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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3 SEX

CERTIFICATION

MEDICAL

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

TO BIRTHPLACE I STATE OR FOREIGN

BALT.

RICHAR E

Conditions, if ony, which

gove rise to immediate couse (a), stating the

underlying cause last

19a. DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNATURE

WHILE NOT WHILE

210, ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

HIGGINS

(IF EITHER NOTIFY MEDICAL EXAMINER)

PART I. DEATH WAS CAUSED BY:

160 WAS DECEASED EVER IN U.S.

4. FATHER'S NAME

RUCHARD

13b. COUNTY

BAL

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 4-16-8 5 DATE OF BIRTH MONTH DAY YEAR 11 23 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [CITY 12b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY OF MRYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALT YES X NOF 931 LEXINGTON ST 15 MOTHER'S MAIDEN NAME JA DOLF JOHN5ON ARMED FORCES? 16b SOCIAL SECURITY NO APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CARDIO-RESPIRATORY MINUTES DUE TO, OR AS A CONSEQUENCE OF COMA DUE TO, OR AS A CONSEQUENCE OF SUB- ARACH NOID HEMBERHAGE MONTH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 HUPER TENSION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOS YES T 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR PM 21e. PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE 3-14-220.1 certify that (1) (this hospital attended the deceased from_____ 19 F. that (I) (we) Jast sow the deceased alive on above, (1) (we) that did not; view the body after death. 4-16 opinion death accurred on the date and hour and from the causes stated والمراقع apinion death accurred on the date and hour and from the causes stated DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS HO5P.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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OR ATTENDING PHYSICIAN. The low

etoined by the haspital or attending physician.

ly filled in by the should be filed wi

offending physicion and c

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. at Health and Mental Hygiene priar to burial, cremation, or removal.

FOR

STATE OF MARYLAND

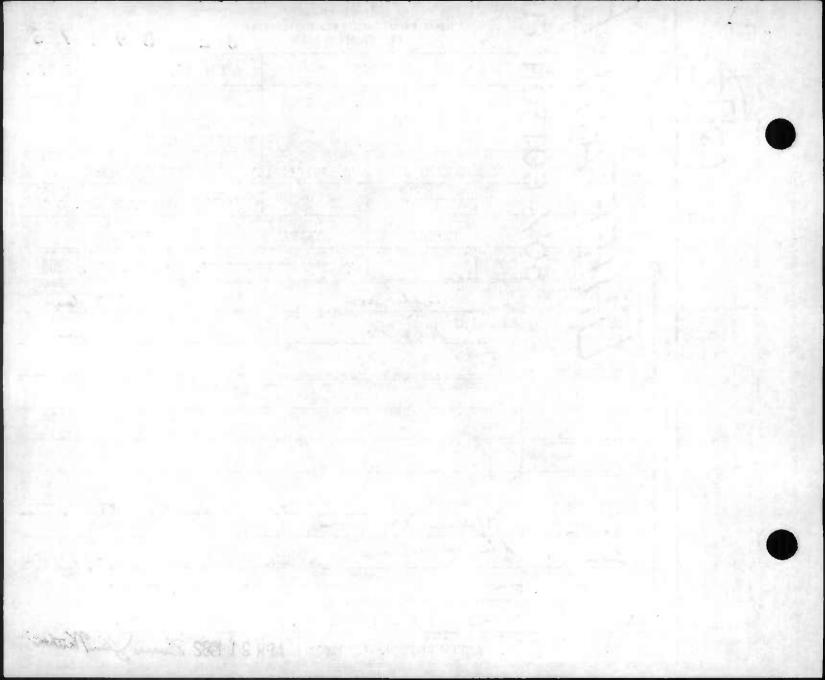
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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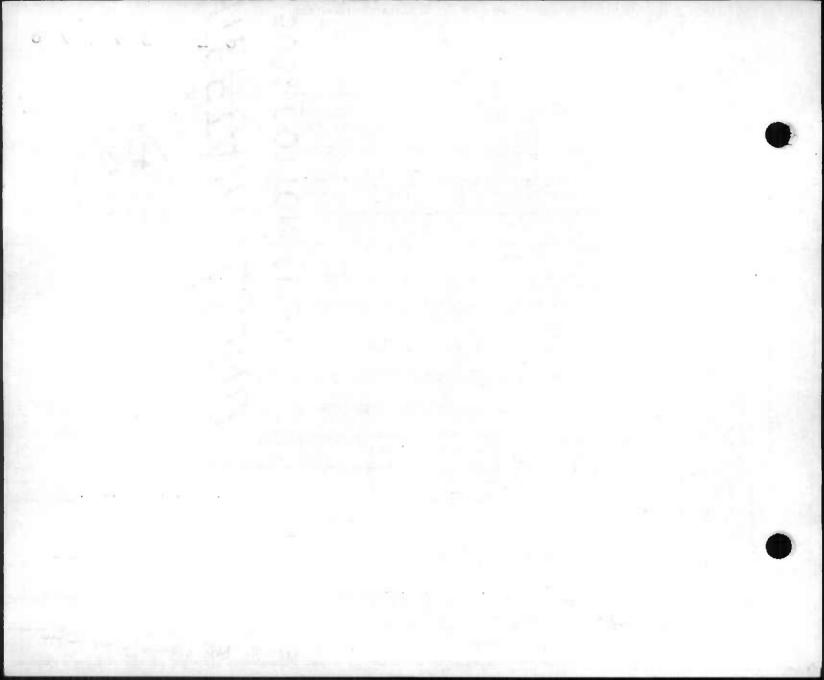
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	DECEASED NAME FIRST MIDDLE TOBY			EPSTEIN		20 DATE OF DEATH APRIL 16		DAY YEAR	5 P.
3 SE	FEMALE 4 RACE WHITE				F BIRTH 1.5, 1899	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEA	
7a 81	IRTHPLACE (STATE OR FOREIGN COUNTRITTHUANTA	76 CITIZEN OF WHAT COUNTRY?		8 MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY C BALTIMORE CITY		OF DEATH	OF DEATH
	BALTIMORE	6616	VINCENT	LANE A	APT. 301 (2121)	12a USUAL OCCUPAT TYPE OF WORK FOR MOST HOUSEWI			OF BUSINES
73a. S	AL RESIDENCE (IF NURSING HOME O STATE MARY LAND		BALTIMOR		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	ENT L	ANE AP	(21215 Г. 301
14 FA	JOEL JOEL	MIDDLE	KAPLAN		15. MOTHER'S MAIDEN NA/	MIDDLE	UN	KNOWN	AST
160. V		DECEASED EVER IN U.S. ARMED FORCES? I I I I I I I I I I I I I I I I I I I		166 SOCIAL SECURITY NO. 17 INFORMA YALE		ADDRESS EPSTEIN 222 ST. PAUL ST.			21202) . 320(
	Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	NCE OF				10.	ms
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BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL



STATE OF MARYLAND



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STATE OF MARYLAND



STATE OF MARYLAND

ł	1.	FOR STATE REGISTRAR	DEPAR			IENE 8 2 NO.	0 9	178			
Ì			MIDDLE	3 - 1	LAST	20 DATE OF DEATH MON	NTH DAY YE	AR 2b. HOUR			
ı	(ITE	W14119M	Earl	EU	SUS.	4	-28-82	1111			
Ì	3. SEX		4 RACE			6. AGE (IN YEARS LAST BIRTHDA					
		MALE	BLACKE			43	YRS.	DAYS HOURS MIN			
			CITIZEN OF WHAT COUNTRY	MARRIE				TH			
20.00		BALTIMONE	SOUTH BACTUO	RE GI	~	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO					
1. STATE REDISTAR 1. DECEASED NAME [1881] 1.											
	14. FA		ADDLE EVAN	×.	MAB/E	MIDDLE	PAR	en.			
		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST				ed crest	+ Rd			
		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEG	e sol		UE - COONIAC	· + radue	o 411 -			
ı		DART 2 OTHER SIGNIES AND C									
ı	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01									
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		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	-	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PA	RT 2]			
	MEDI	WHILE NOT WHILE		E, FARM, ETC.)		CITY OR TOWN	COUNT	Y STATE			
		sow the deceased alive on.	- 4- 28 19		nd that in (my) four apinion	, 10		m the couses stated			
		226. SIGNATURE CUGELLOA	Junios	0-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	-1 1	DATE SIGNED			
		ANGELICA	DUENTAS		3001 St . H	ANOVER ST.	neet ?	2/230			

BP. DHMH - 16 25M

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

(VR A 15 (4)) 9/74

corbon popers. Poges

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-fransit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

injury, or other troumotic event, the

the ottending physicio

230. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY Burial

24 FUNERAL DIRECTOR 5 11/82 23c NAME OF CEMETERY OR CREMATORY mason

23d. LOCATION COUNTY STATE

YOUR TOWN

COUNTY STATE

COUNTY STATE

C. march F/H 1101 E. North Ave. wm.

Cemetery | 150. DATE RECID. 1 APR 3

Test Test · Control of the second of the and an a last of the same of provide a Selection (Selection) differences and the second sec Constant This was commercial town Was C. Owner FIR HOLE IN PARK. LANGE BURNERS CO. LONG. Section by the Desire Des

TO FUNCEAL DIRECTOR. After this certificate has been supped by the attending physics should be detailed for use on the barriel should permit. Then please remove carbon appears unit the State Dept. of Health and Mental Hygers prior to burral cremation or remaind.

DHAH - 16 SOM 7 / BT [VRA 15, 4]

MPDRTANT: if them 21 is marked or them 18 shows only injury, or

	1 - STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 R2 NO. 0 9 1 7 9								
		Challeng (1)	WIDDLE	Ev	evett	20 DATE OF	20 DATE OF DEATH MONTH			DAY YEAR 26 HOUR 6.28 P.M		
	1 SE	M	4 RACE B	S. DATE O		6. AGE (IN)	G Z		FUNDER I YEAR	IF UNDER 24 HH HOURS MIN.		
0	TATE PROBLEM AND THE TOTAL TO THE PROBLEM AND THE TOTAL TO THE PROBLEM AND THE TOTAL		76 CITIZEN OF WHAT COUNTS	MARRIE WIDOW	- , ,	9 BALTIMO	9 BALTIMORE CITY OR COUNTY OF DEATH					
34	B	salto.	11. NAME OF HOSPITAL, NUR (# 10) IN SUCH FACTUY, GIVE STI	REET ADDRESS]	OR OTHER INSTITUTION		OCCUPATION OF THE PROPERTY OF	ON F WORKING LIFE]	126 KIND OF INDUSTRY	BUSINESSOR		
3	13e.5	Md. 136 COUN			13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS	1	Pula	SK,		
00)	Arthur	Ever	eT	NO CAL	selle-	MIDDLE	14	1/16/18			
1				1286	MyrTle E.	VereTT	ADDRE 5	25 x	PULASI	Ki.		
7		IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the		PUENCE OF WAOSC	erotic avelo	favetier vencele	in Oh	rl.	APPROXIM BETWEEN OF	SET AND DEATH		
	NOI			UNU C	NOT RELATED TO THE TE	RMINAL DISEAS	e or cone	DITION GIVE	N IN PART 110			
9	RTIFICAT	IN DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTO	DPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?		
9	100	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)			
-	MED	NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	41	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE		
	18	sow the deceased alive on obove, (1) (we) (did) (did not	911182		nd that in (my) (our) opinio	on death occurre	ed on the do	ite and hour	and from the co			
		19	-6	MD	ATTENDING PHYSICIAN		STAF PHYSIC		4-11	-82		
1		Peter VA	NG		BUNSSE	cours 1	-105P1	TPL.				
	E	URIAL, CREMATION, REMOVAL	23b. PATE 4 15 82	NAME OF	ING PAR	KE	STOWN C	10/151	COUNTY N	M Cl.		
	24 FL	AS A. MO	RTON JADDA	NS /	701 LAME A	PR 1 3 1	982	256 REGISTR	AR'S SIGNATU	RE		

STATE OF MARYLAND

APRIL 1997 Ame O Marie

/	3		FOR STATE REGISTRAR	DEPAR	TMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	8 2 _{G. NO.}	0 9		8 0
age 3		(TYPI	OR PRINT) PEG	GY A.	4	WELL	20 DATE OF DEATH M	1 20	82	26 HOUR AM
al director, page 3 2 hours ofter death		3. SE	F	4. RACE B	S. DATE	2 :-	6 AGE (IN YEARS LAST BIRTHE	YRS.	DER I YEAR	HOURS MIN
e funeral dir within 72 hou	44		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	MD
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2 should be filed	35	13a S	AL RESIDENCE LIF MURSING HOME OR STATE 136 COUN	13c. CITY OR TO		13d INSIDE CITY LIMITS?	130 STREET ADDRESS	LAFA	MEHE	
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01	ANT. If Ite		THE SHOMATURE THE PHYSICIAN S NAME (TYPE OF		no Cen	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	4	22c. DATE !	20-82
TO FUN should b	IMPORTANT	22- 0	Joyce L	AMMLEIN	NAME OF C	Mency	1 Hospita	e		
BP NH - 16 50M 1/ (VRA 15, 4)	81	24 FL	URIAL, CREMATION, REMOVAL SPECIFY JNERAL DIRECTOR NAME	4-24-821	MT.F	EMETERY OR CREMATORY DUBLIFY 250, DATE	23d LOCATION CITY OF JOHN RECOD. BY REGULAR TO R 22 1982	TREGISTRA PARA	Yand	nexal
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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FOR STATE

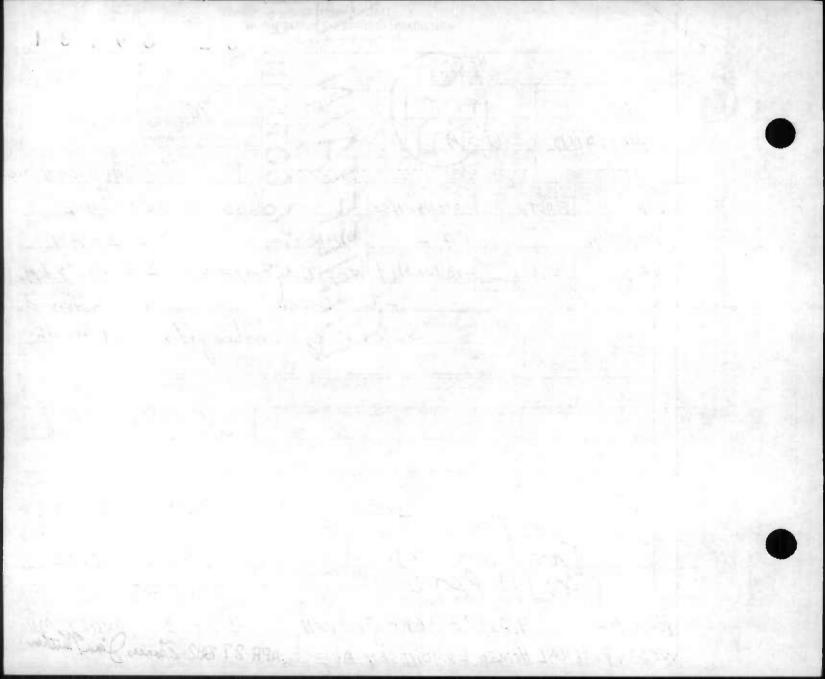
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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III. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE YAR OR DATES) ADDRESS WWT. 2-13.16.3119 WALTER FAYA 600 /3 STONEY LA BETWEEN CHISE LAND DEATH PART I. DEATH WAS CAUSED BY.
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couse 101, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF
(c)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1. OR PART 2)
IN CERTIFYING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
220 certify that (K(this haspital) ottended the deceased from April 15 19.82, to April 26 19.82, that K(we) lost
sow the deceased alive an April 26 19 82 and that in 26% (our) opinion death occurred on the date and hour and from the course stated
obove, (Nee) (did) (Nee) vie the box are death. 276 SIGNATURE DEGREE 270 DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 4/26/82
22d PHYSICIAN'S THE INTEGRAPHICAL TO THE PHYSICIAN IN THE SECTION OF THE SECTION
3900 LOCH RAVEN BLVD., BALTIMORE, MD 21218
230 BURIAL, CREMATION, REMOVAL 11 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
ALLA COONTY STATE
BUKIAL HIGGIRA (KS=STLAINN HAWADA CADIFTY MI)
ADDRESS 3311 250 DATE REC'D. BY REGISTRAP 256 REGISTRAP SIGNARY THE

DHMH - 16 50M 1/81 (VRA 15, 4)

to runeRal DIRECTOR: should be detected for us with the Stote Direct of He-IMPORTANT, If hy



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should be detoched for use as the buriol-transit permit. Then please remave corbany with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

TO FUNERAL DIRECTOR, After this certificate has been

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Y OF DEATH							
176 KIND OF BUSINESS CONDUSTRY MEAT							
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LAST							
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THE DAY YEAR 19 211 LOCATION STREET IN CERTIFYING CAUSES YES YES YES YES YES YES YES Y							

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

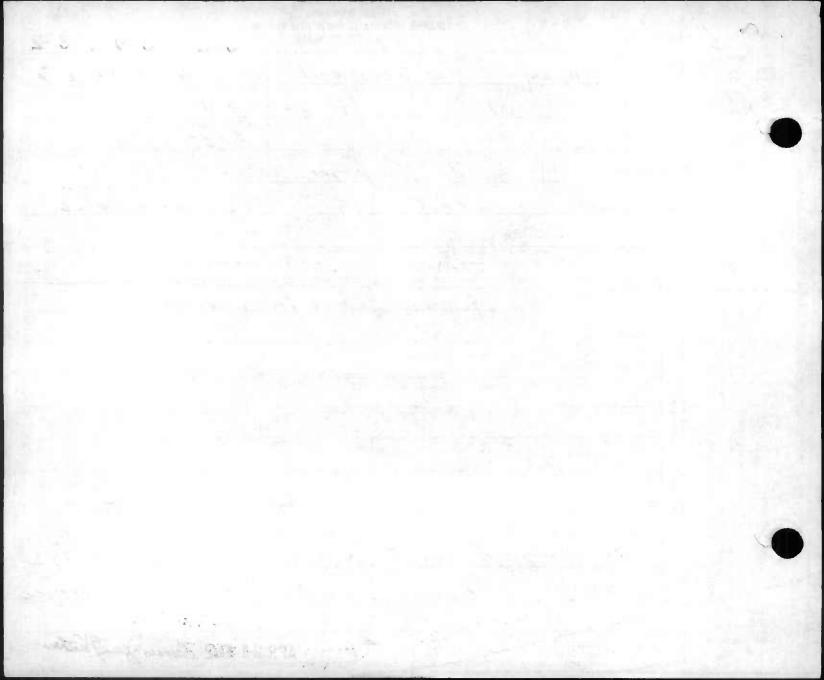
23b. DATE 4-16-82

RODFE ZEDEK CEM

BALTIMORE, MD. COUNTY

STATE

NERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN, RD, BALTTMORE, MD. (21215) APR 21 1982 Theres



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	STATE O	FMARYLA	ND	
EPARTMEN	T OF HEAT	TH AND N	SENTAL HY	GIENE

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	REGISTRAR		CERTIF	ICAIE OF DEATH	8 ZREG. N	0	9 1	0 5	
	CE ASED NAME FIRST	WIDDLE	2	LAST	20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR	
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3 SE	X A 4.6	RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
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13a S	STATE 136 COUNTY	13c CITY OR TO		134 INSIDE CITY LIMITS?	130 STREET ADDRESS			0 1	
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14. FA	ATHER'S NAME	DLE % LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		14	ST	
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	WAS DECEASED EVER IN U.S. ARMEI		CURITY NO.	17 INFORMANT	ADDR	SS	134		
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	18 CAUSE OF DEATH (Enter only of		ond c	, 6		0	BETWEEN	ONSET AND DEATH	
	PART I DEATH WAS CAUSED B	1 /A	ndro	nespivale	no our	ext			
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	couse (a), stating the underlying couse lost.								
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	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH							
MEDICAL	116 EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					
W.		(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR TO	VN	COUNTY	STATE	
	AT WORK NOT WHILE AT WORK			In C	4 +				
	220.1 certify that (this haspital)	attended the deceased fram	62.00	06 19 80	, ta		19	that of (we) last	
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	226 SIGNATURE	1 1		DEGREE			22c. DATE	SIGNED	
	A AW	400088 -	1	ATTENDING PHYSICIAN	MEDICAL STA	FF	4-	-1-87	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burnal-transit permit. Then please remove confliction with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as m IMPORTANT: If them 21 is marked or them 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the haspital ar attending physician

> DHMH - 16 60M 1/75 (VR A 15 (4))

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Md. NAT. Mem PK.

22e ADDRESS

Provident

23d. LOCATION CITY OR TOWN

HOSPITAL

Marie

230 BURIAL, CREMATION, REMOVAL
SSECIETY

24. FUNERAL DIRECTOR
NAME MORTON LONS 1701 LAURENS

evadoss

APR 2 1987 Rank Sandarth

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Then please remove carbon papers. Pages

should be detoched for use os the buriol-tronsit permit Them with the State Dept. of Health and Mental Hygiene price to be TO FUNERAL DIRECTOR: After this certificate has been

1	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 Zeg. Ni	. 0	9	8 4	
'		CEASED NAME FIRST LE COR PRINT) James	W.	Finne	ssy	20 DATE OF DEATH	4- 1	1-82	2h HOUR 6a M	
)	3. SE	Male	White	S. DATE C		6 AGE (INYEARS LAST BIR		UNDER FYEAR	IF UNDER 24 HRS HOURS MIN.	
3		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED	Balto.	R COUNTY O	FDEATH	MD	
00	Balto. Md.		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3725 Elmley Ave		DR OTHER INSTITUTION	12d USUAL OCCUPATION OF WORK FOR MOST OF Riveter	F BUSINESS OR			
35	13a :	Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3725 Elm	lev A			
OC		ATHER'S NAME FIRST James	Finness		Frances	MIDDLE		Johnso		
event, the medical of		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 216-05-		Helen Finn	essy 3725	Elmle			
Hic event, th		PART I. DEATH WAS CAUS	INITY ONE COUSE PER line for (a), (b), (ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEO	~ M.	you -dil:	Interet	100	BETWEEN	MATE INTERVAL DNSET AND DEATH	
r other troum	3	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	(b)		.t.c Cdi.	Just-10- d	seise	Ye	·-S	
o 'Ainthr	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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marked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE	FARM ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
21 is mg		saw the deceased alive or	attended the decreased from 3 2 9 8 2 19 of view the body offer death		nd that in (my) populion	death accurred on the de	te and hour o		that (I) () lost causes stated	
LT. If hen		22b. SIGNATU	E. henry		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		220 DATES	218 >	
MPORTAN		Louis	E. Grenzer		22e ADDRESS 1101 N. C	harles St		'/		

BP. DHMH - 16 50M 1/BI (VRA 15, 4)

TO HOSPITAL

retained by the haspital or attending physician

OR ATTENDING PHYSICIAN: The

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Burial 4-14-82 Holy Redeemer

Howard Burial 4-14-82 Holy Redeemer

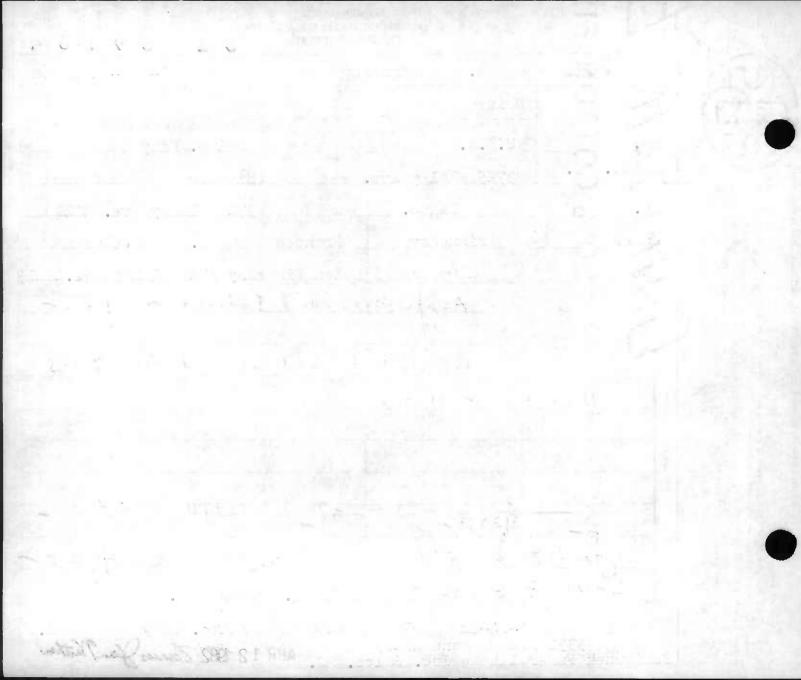
Home Lane 21213

Schimunek Funeral Home Inc. Balto. Md.

23b. DATE

ATORY 23d LOCATION
CITYORTOWN
Balto
250. Date REC.D. By REGISTRAR 25b REGIS COUNTY STATE Md APR 1 2

230 NAME OF CEMETERY OR CREMATORY



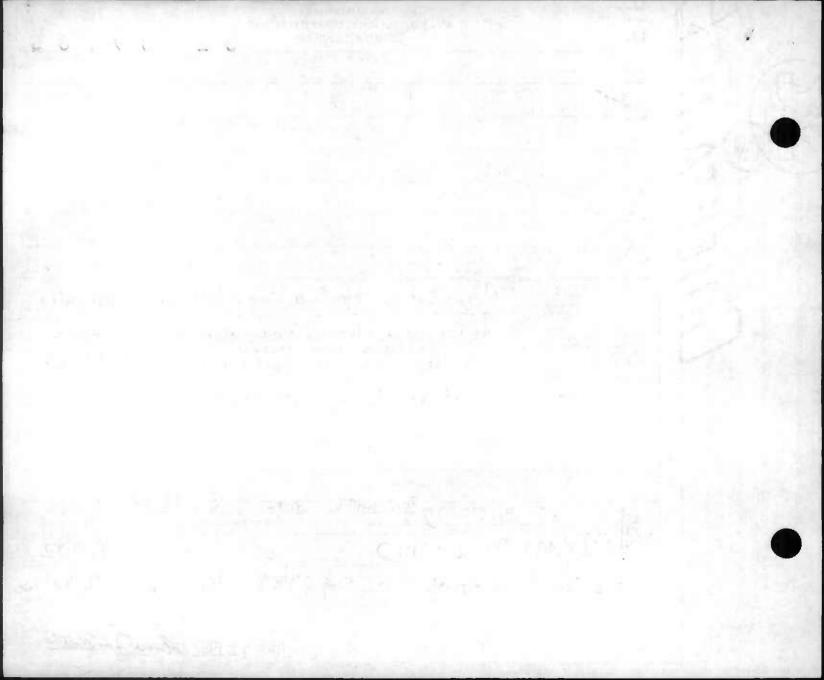
/			STATE OF MARYLAND .							
1 -	FOR STATE REGISTRAR		CERTIFICATI		YGIENE	09185				
	CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR				
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3. SE)		4 RACE	5 DATE OF BIRTI		& AGE IIN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN				
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Ва	altimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 2413 West	port St	ER INSTITUTION	128 USUAL OCCUPATION					
USUA 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	or other institution give residence ber JNTY 130 CITY OR TO Baltim	OWN 113d IN	ISIDE CITY LIMITS?	13e STREET ADDRESS 2413 Wes	tport St				
14. FATHER'S NAME FIRST MIDDLE		MIDDLE LAST	15 MC	LAST						
Richard		Finne	У	Mary	WIDDLE	Moore				
	VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		FORMANT	ADDRESS					
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TIFE					YES NO	IN CERTIFYING CAUSES OF DEATH?				
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CAL	OR CONTRIBUTING CAUSE OF DE	LAIN .	19							
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		n of view the body ofter death.	ond that		. 10	ond hour and from the couses stated				
	226 CUL	manas	Wy DE GREE	0	MEDICAL STAFF DIRECTOR PHYSICIA	171. DATE SIGNED 4. 9.82				
	22d PHYSICIAN'S NAME IN	ARMAN AS	, W D 220 A	Larg th	allinsFerry	Rd fulta las 21.				
	SURIAL, CREMATION, REMOVAL		NAME OF CEMETER		CITY OR TOWN	colonia sum				
1	DURIAL, CREMATION, REMOVAL SPECIFY) Burial JNERAL DIRECTOR		Cedar Hi		Y 23d LOCATION CITY OR TOWN Anne Aru:	ndel co Md				

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL



TO HOSPITAL OR ATTENDING PHYSICIAN: The law

DHMH - 16 50M 1/ (VRA 15, 4)

	FOR STATE REGISTRAR			DEPARTM	NENT OF H	EALTH AND M	ENTAL HYG	IENE	REO NO.	0	0 1	0 (
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35	BIRTHPLACE (STATE COUNTRY) MARYLAN	D	US		WIDOWE	D NEVER MA	ORCED	9 BALTIMORI	CITY OR CO	UNTY OF	DEATH	W
10 mg	BALTS			SPITAL, NURSIN		OR OTHER INSTIT	NOITUT		CCUPATION OR MOST OF WORK OUS SEWIF	(ING HEE)	IZE KIND O INDUSTRY AT I	f Business or 10 ME
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medical	(YES, NO OSUNKNOWN)			66 SOCIAL SECU 216-09-1		17. INFORMAN		RAHAM F.			#2120	08
njury, ar other tra	Conditions, if ony, which gove rise to immediate cause ioi, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON								OR CONDITIO			
shows on	19e. DATE OF OPE	2/82		ON FOR WHICH		colo	n	YES TED (ENTERNATU	40 IN C	ERTIFYIN YES		OF DEATH?
ed or Item 18	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. P.M. 21e. PLACE OF	MONTH DA	19	211 LOCATION			CITY OR TOWN	.m ia raki i	COUNTY	STATE
21 is mark	220.1 certify that	(I) (this hospital)	7 1 1	deceosed from	4/1	ad that in (my) (c	19 8 2	todeoth occurred	an the dote on	, 19_ d hour on		that (I) (we) last couses stated
TANT: If Her	226. SIGNATURE	LOCAL NAME (TYPE OF PRI)	Ge	le me)	DEGREE AT PH 122e ADDRESS	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	X_	22c. DAT	1982
MPOR		DEAN	KAN		100	3	INAI	Hos	0		1	
	230 BURIAL, CREMATIC		APR.21,		HAARE	EMETERY OR CR			SEDALE		BALT	
/81	24 FUNERAL DIRECTOR NAME 6010 REIS			BROS., BALTO.,		21215		R 23 10		EGISTRAR	'S SIGNATI	URE TO

SUBSTRUCTURE STATE OF THE STATE Partiel Andreas material trish in valuebounds is PIA TO THE PIA

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, the burial for them, with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA
CERTIFICATE OF REALIT

ARTMENT	OF i	HEALTH	AND	MENTAL	HYGIENE	
CEI	DTI	ELC ATE	OF	DEATH		

1	1	- STATE REGISTRAR		CERTIFIC	ATE OF DEATH	8 26.N	0. 0 9	9 1	8 7
1		CEASED NAME FIRST	WIDDLE	Fish	hae re	20 DATE OF DEATH	MONTH DAY	82	8:15 A
1	3 SE	FEMBLE	Black	5 DATE OF	DAY	6 AGE (IN YEARS LAST BIR	THDAY) IF UN		IF UNDER 24 HRS
23		IRTHPLACE (STATE ON FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	7 BAC	DEATH Lylan	UN U MD
34		Baltmore	11. NAME OF HOSPITAL, NURS	ET ADDRESS)	OTHER INSTITUTION	170 USUAL OCCUPAT		NOUSTRY	BUSINESS OR
25	130	Jany Jane 136 COUN	111	WM VMMCACL	NO D	13e STREET ADDRESS	11tonA	ave	
(D)	14. 17	CLAYROCK		UM	S. MOTHER'S MAIDEN N.	MIDDLE	C	SUST	us
se medico		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 214—	3.6-798	TINFORMANT NO FRANCES	Burlea	-		-ALOU
vent, th		PART I. DE ATH WAS CAUSE		ind ici.		10.1		APPROXIM	ATE INTERVAL
other troumatic e		Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEOL	UENCE OF	of Carcin	mod (mitself	25	Zino	milis
ows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF PART ON THE PART OF PA	ONDITIONS CONTRIBUTING TO	rest	enn j	NINAL DISEASE OR CON ANOMA 200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDING	SS USED OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	THE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
orked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	II LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE
m 21 is mo		saw the deceased alive an abave, (I) (we) (did)/(did na	tal) attended the deceased from 19	, and		, to		from the co	
		22d. SIGNATURE	* Cury	Alon	ATTENDING PHYSICIAN	MEDICAL STAI	FF _/	10 A	m/g
MPORTAN		Cru	· n \ 1 6	Tho	Bin	Steams			
≥ -	1	BURIAL, CREMATION, REMOVAL	236. DATE 230	NAME OF CEN	ETERY OR CREMATORY	23d. LOCATION	iens m	10 21	2 251AH
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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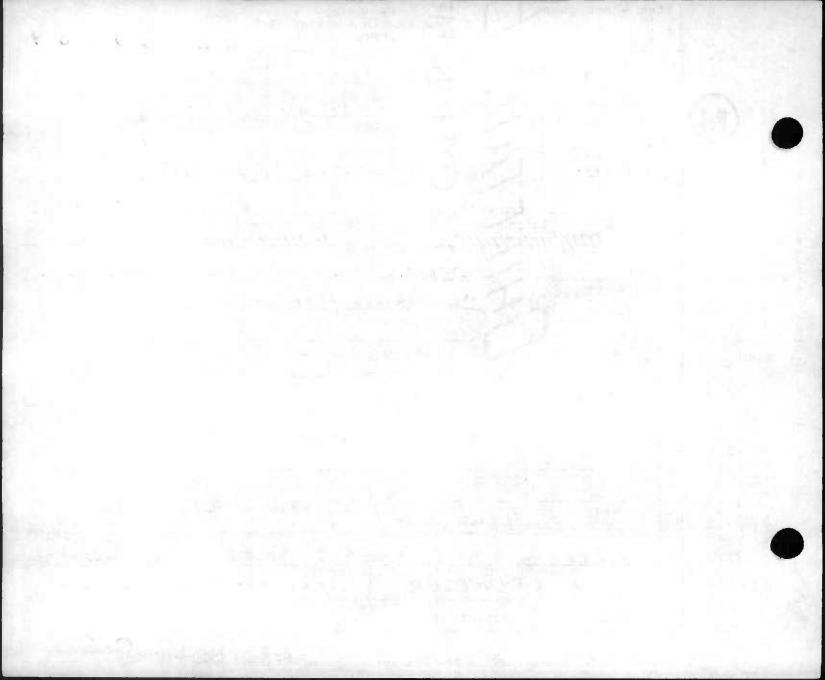
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н	RECHSTRAR		CENTITIONIE	PEATH	G. NO	0	2		4
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ì	1 SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	THDAY) IF U	THE DAYS	IF UNDER 2	MIN.
1	Male	White			70	YRS			
1	BATTAPLACE PATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED - NEVE	RMARRIED 🖾	9 BALTIMORE CITY O		DEATH		
>	Maryland 10 CITY OR TOWN OF DEATH	U.S.A.	WIDOWED	DIVORCED	Baltimor		1		MD.
1	Baltimore	St. Agnes Hos	ADDRESS) Spital		12a USUAL OCCUPATH (TYPE OF WORK FOR MOST O Shipping Cl	F WORKING LIFE)	126 KIND O INDUSTRY Steel	Armc	0
	Maryland Howa		ge 13d INSID	NOXIX	13e STREET ADDRESS 5764 Railr	oad Ave	nue	212:	27
	John	H. Fitzh	perger	ER'S MAIDEN NAM Edna	MIDDLE M.		Mi	11s	
	ING WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		MANT	ADDRE	SS			
٩	(YES MOOR UNKNOWN) (IF YES GIV	VE WAR OF DATES) 213-09-4	4894 Pres	ton L. F:	itzberger 6	6 Gentr	y Cou	irt :	2140
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	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED AT WORK AT WORK 22a.1 certify that (1) (this haspi saw the deceased alive on above, (1) (Co) (did no 27b. SIGNATURE		AY YEAR 19 211 LOCA STI	19 TION 19 TION 19 OUT) opinion de ATTENDING PHYSICIAN	CITY OR TO	b, 19_ ite ond hour and	COUNTY	that (I) (w	,
	CLAUDIO E.	VINCENTY, MD	NAME OF CEMETERY O	D CDEMATORY	173d LOCATION				
	(SPECIFY) Burial		Vestern Cem		Baltimor	e	Ma Ma	rylä	nd
	24 FUNERAL DIRECTOR NAME Hubbard Funeral H	ADDRESS	21229	25a. DATE	REC'D BY REGISTRAR		SIGNA	Kal	

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10	ĎF.	REGISTRAR FASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	O REG. NO.	0 4 1 6
		OR PRINT)	_		20 DATE OF DEATH MONTH	DAY YEAR 26 H
3	SEX	JOSEPH		EISCHMAN B. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	20 82 1
7		A 0	Caucasian	MONTH DAY YEAR	77	MONTHS DATS HOU
AA)		RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	7 17 04	9 BALTIMORE CITY OR COU	
a unit	Me	OUNTRY)		MARRIED NEVER MARRIED	al CIT	-/
3/10			. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUS
44	B	ALTO.	SINA I	FOS PITAL	RETIRE	IG LIFE) INDUSTRY
1700	JSUA 3a S	IL RESIDENCE (IF NURSING HOME OR OTH TATE 138 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE AD	DMISSION)	? 13e. STREET ADDRESS	
E/	1	ud	21215	YES NO	6504 Par	K Hals au
821	1 FA	THER'S NAMES A MUEL Fle	ischman	15 MOTHER'S MAIDEN	lacker MIDDLE	LAST
\$2//	£ \0	AS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURI	TY NO. 17 INFORMANT	11444414	
medical		ES. NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)		ADDRESS	
- fe -	_	Yes 1928-			ed Fleischman	Balto. Md.
ent, t		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	BY: ALISE (a) CLOST		RINGENS SEI	APPROXIMATE III
r rem		IMMEDIATE (7,000		(1100,0103 00)	73
on, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	CE OF		
rtro		gove rise to immediate cause (a), stating the	(b)			
I, cre athe		underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF		
burial ry, or	9	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DE		ERMINAL DISEASE OR CONDITION	GIVEN IN PART IIa
or to	2	CVAC	B HEMIPAI	RESIS 1 /		LURE
Sony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS U
shaws	RTIF				YES NO	YES NO
- 1/2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	71b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
or Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19 21f LOCATION		
o par	MEI	WHILE NOT WHILE	TAT HOME, STREET FACTORY, OFFICE FARM		CITY OR TOWN	COUNTY
marl		22a.1 certify that A) (this hospital)	ottended the deceased from	41101 198	2-10-4/20	19 <u>82</u> , that (1
of He		saw the deceased alive an above, (M (we) (did) (did not) v	4/20 19 8	2 ond that in (ny) (our) opin	ion death occurred on the date and	
Hem Hem		226. SIGNATURE	lew the body offer death.	DEGREE		220 DATE SIGN
ote D		Schenen	_	MBBS. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/20
STAN		22d. PHYSICIAN'S NAME (THE ORPR	,	22e ADDRESS	11 = 2 -	//
with the		SHEILA E	BENEZER	SINAL	HOSPITAL	BALTU. 1
2:		PREMOVAL REMOVAL		ME OF CEMETERY OR CREMATOR	RY 23d LOCATION CITY OR TOWN	COUNTY
_		NERAL DIRECTOR	4/21/82			
A 1/81		NAME	ADDRES5	75o. 1	DATE REC'D. BY REGISTRAR	Canlles
	_]	Anatomy Board	Balto., Md.	<i>E</i>	IPR 2 7 1982 100	The state of the s



STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, FOLTW. PRESTON ST., BALLIMORE, MARITAND LIZOT	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after de- retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be field with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examination of the control
	TO HOSPITAL OR A retained by the hos	TO FUNERAL DIREC should be detoched with the Stote Dept.	IMPORTANT: If Hem

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT.		NE 8 26 N	ю. О	91	9 1
(TYPE	CEASED NAME CORPRINT)	MAR	SLE	7L	401	7		a. DATE OF DEATH	MONTH	8 82	26 HOUR 5 45PM
3. SE	FEMA	46	BL/	ACK	5. DATE C	DAY YE	AR O	S/	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	ITY OR TOWN OF DE	FOREIGN 7b.	NAME OF H	S	WIDOWE		ED 🗌	BALTIMORE CITY S	HOR	6	MD.
E	BACTINOS AL RESIDENCE (IF NUR	26-	(IF NOT IN SUC	THERA	AN A	10591+7		RETIN	OF WORKING		BUSINESSOR
13a. S	ATHER'S NAME	136 COUNTY		13c. CITY OR TO		13d INSIDE CITY LIA YES AND NO			EISI	re astoc	WNRD.
	LEMAN	MID	DLE	RICHBURG	7	IDA FIRST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIDDLE		CALDWE	LL
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS		
	NO	(# 123, 0112 11	AR OR OMIES,	218-46-	9643	ELIJAH F	LOOD	4512	PENH	URST AVE	NUE
	18 CAUSE OF DEAT PART I. DEATH W	'H (Enter only) VAS CAUSED E IMMEDIATE (CAUSE (a)	line lor (a), (b), a Cere	اء مرما	Jacober	O.	cident.		BET WEEN O	MATE INTERVAL NSET AND DEATH
	Conditions, if any gave rise to imi	mediate	(b)	AS A CONSEG	UENCE OF						
	underlying cause	last.	(c)	R AS A CONSEQ							
NO	PART 2 OTHER SIGI	NIFICANT CO	NDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITIONG	IVEN IN PART To	X
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	on for which operation was performed			200 AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES O	
	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	O (ENTER NATURE OF INJU	RY IN ITEM TS	PART T OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE (OF INJURY SET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TO	own /	COUNTY	STATE
	saw the deceas above, (I) (we) (ed alive on	4//9	3	マレ, or	d that in (my) (aur) o	82 opinion dec	_, to oth occurred on the d	ote and ha		hat (I) (we) last auses stated
	226 SIGNATURE		16	- IA		DEGREE ATTENI PHYSIC		MEDICAL STA		220 DATES	IGNED / PZ
	Henry	S. Sac	briv	Mid		220 ADDRESS	~ /4	Losp. Ba	14.	Mach-	21216
	BURIAL, CREMATION,	REMOVAL	236. DATE 4/13/		WOODI	AWN CEMET		BALTIMORI	E CTY	COUNTY	MD .
	UNERAL DIRECTOR			ADORESS		LISSE	25a. DATE R		25b. 900 is	TRAR	Meather
W	M. C. MARC	H F/H	1101	E. NOR	TH AVE	NITE	AP	R 12 1982	100	01	

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	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE 8	2G. NO.	C) 9		9	2
		CEASED NAME FIRST	oie, w	AIDDLE	Folt	AS1 .	2	B. DATE OF	DEATH M	4	18	YEAR 82	26 HOUR 2:20	OPI
4		Male	4 RACE White		5 DATE O			AGE (IN YE	ARS LAST BIRTH	YRS	MONING	R I YEAR	IF UNDER 24	HRS MIN.
t		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIE		Balt	ECITY OR LIMOT			ATH		MD
15		altimore	GOOG COL	SAMATT	AMESS) H	ospital	. (O USUALO TYPE OF WORK etire	FOR MOST OF	WORKING I	LIFE) IND	USTRY	O RR	5 OR
3		AL RESIDENCE (IF NURSING HOM STATE 136 CC		GIVE RESIDENCE BEFORE 13, CITY OR TOWN Baltimon		134 INSIDE CITY LIM YES 1 NO	IITS? 13	2827	DDRESS F lee t	twoo	d Av	e		
26	14. F/	ATHER'S NAME PIETE	Milton	Folt	tz	15 MOTHER'S MAIDI Emma		dora	WIDDLE		Ful	ler IAST	1	
1		WAS DECEASED EVER IN U.S.	ARMED FORCES?	709-09		17 INFORMANT 1 Mrs Cle	ella .	Foltz	ADDRES		Same			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI MAKED Conditions, if ony, which gove rise to immediate cause (a), stafning the underlying cause lost.	DUE TO OF	AS A CONSEQUE	Tive	heart to care us an	la	lys	pate	ecor uy.	da	APPROXI	MATE INTERVA	AIH
	TION	PART 2 OTHER SIGNIFICAN					E TERMIN						11/6	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES		IN CERT			GS USED OF DEATH	?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED NOT WHILE AT WORK AL WORK	DEATH HOUR A./	M. MONTH D. M.	19	211. HOW INJURY O	DCCURRED	(ENTER NAT	URE OF INJURY			PART 2)	STAT	TĒ.
		220.1 certify that (this has sow the deceased alive above, (1) (and (did) (did)	on upril	15 19	82 or	ad that in (my) (or	pinion dec	th occurre	on the date	e and ho	, 19 <u> </u>		hat (I) (

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

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requires that the death certificate be executed within 24 hours ofter death Page 4 miny lie

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filled within 72 hours oftow the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remayal.

With the State Cept. But begin and wend onlygione prior to bother, remonant, or removo.

MPORTANT: If frem 21 is morked or frem 18 shows any injury, or other troumatic event, the medical example.

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FOR	DEPARTMENT OF H
STATE REGISTRAR	CERTIF

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

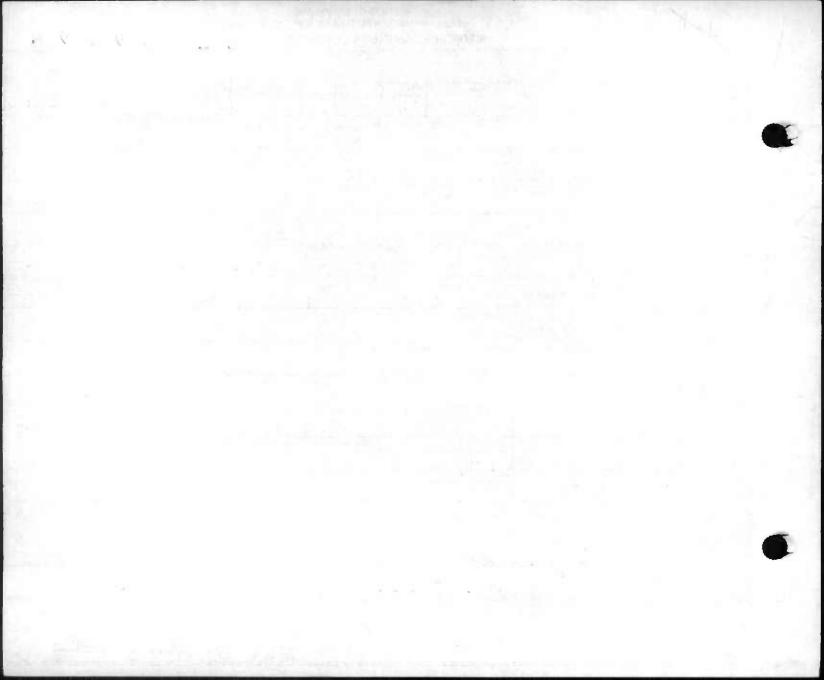
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05	DEATH	MONTM	DAY	VEAD	21 1101	10

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	YEAR 26 HOUR
	FREDRIC	K D	FOPPIANO	4 30	82 455%
3. SE		4 RACE	5. DATE OF BIRTH		FUNDER TYEAR FUNDER 24 MRS
	Male	White	MONTH DAY 14 YEAR /10	71 YRS.	DATS HOOKS MIN.
76 8	SIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
	MO	US	WIDOWED DIVORCED	Balto C	ity MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
1	Baltimore	UIDMDH	OSPITAL, BCRP	Retired Penn R.	R.
	STATE 136 COUR			13e STREET ADDRESS	
>	MD.	- BA	LTO YES X NO	3326 E.	Northern Hary
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	IAST /
-	Domenic	FOPPIAN	0 Ellen	K K	YKNES
	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	URITY NO. 17 INFORMANT . Mrs Con	stance Foppiano	Same
	No	212	5 19 38	Record	bame
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), ar	nd (c)		BETWEEN ONSET AND DEATH
		TE CAUSE (a) HEPA-	TIC COM A		
	1991	DUE TO, OR AS A CONSEOU	ENCE OF	4 1 1	
1	Conditions, if ony, which	(16) Sm	ALL Cell CAME!	vima, luctesta	The contract of the contract o
	gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
	underlying cause last.	(c)			
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CERTIFICATION	190 DATE OF OPERATION	Link CONTRIBUTION FOR MANUSC	OPERATION WAS PERFORMED	Las AUXODSVS Tool IF VES	WEDS SINIS NO.
F S	TYO DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED (ING CAUSES OF DEATH?
ERTI	210 ACCIDENT WAS UNDERLYING	7 216, TIME OF INJURY	121, HOW IN HIRV OCCUPE	YES NOW YES	
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE.	FARM ETC] STREET	CITY OR TOWN	COUNTY STATE
	AT WORK	A-D - A d-d Ab- d d C	\$ /75 #3	1/20	82.
	saw the deceased olive on	ital) attended the deceased from _	and that in (my) (our) opinion s	death occurred on the date and hour	and from the course stated
	obove, (I) (we) Adid) (did no	ot) view the bady after death.	DEGREE	- Com occorred on the date one hoor	127c DATH SIGNED
		And C.	MA ATTENDING	MEDICAL STAFF	14/20/82
-	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	PHYSICIAN [DIRECTOR PHYSICIAN	17/30/0
	Dogge	May mass	- ^	- 51	
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
250.	ISPECIETY) Burial			CITY OR TOWN	COUNTY STATE
	UNERAL DIRECTOR	3/3/02	Holy Redeemer 250. DATE	Baltimore, Ma	ryland .
	NAME	ADDRESS		MY 3 1982 Man	- Charleste
-	Deonard o Ruck	Inc. Baltimore,	Maruland	יטטו פ ודיווי	

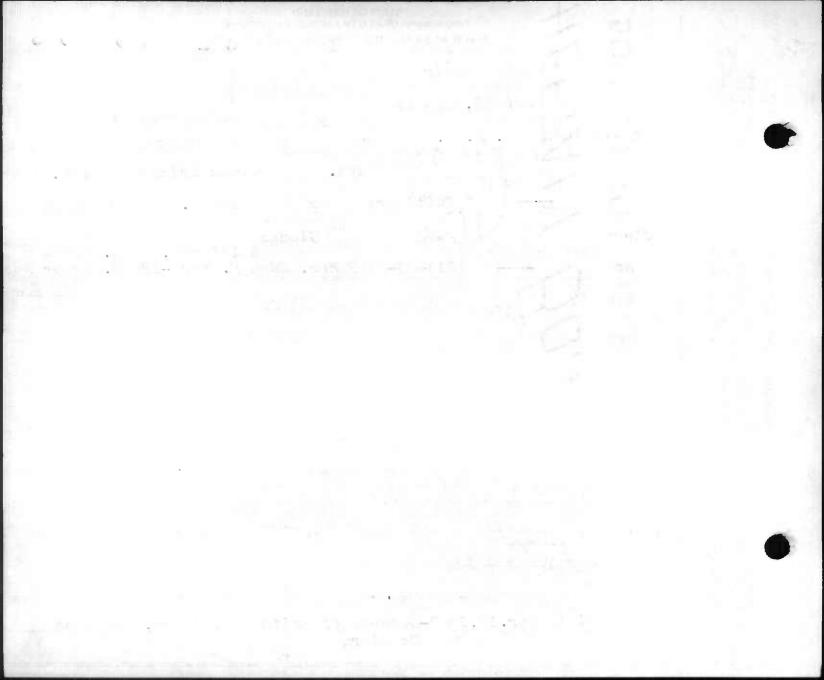
273_BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

MY 3 1980 R. Call C.



100	FOR - STATE			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE												veill	
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	male		white	S. DATE O	PBIRTH 23,			UNDER 1 YR.	IF UNDER		RONOUN DEAD	NCED	N	4	8	YEAR 19 82	7:3Q
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RM PM 3. RETAIN PA 1 AND 2 SHOULD BE 1 OFWITAL RECORDS	SUAL RESI	Md	13b COUN		TUTION GIVE	RESIDENCE BEFORE	own more	13d INSIDE	CITY LIMITS?	13e STRE	ET ADDRE						
300	4. FATHER!	S NAME ST yde		WIDDIE		Ford			ER'S MAIDI	EN NAME	M	NOOLE	С	as	tle	LAST	
1 10	6a WAS DE (YES, NO, 6	CEASED EV	VER IN U.S. ARA	MED FORCE WAR OR DATES	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Baltimore DRES						12½						
NE, DIV	18 C	AUSE OF D	EATH (Enter onl	ly ane cause DBY: TE CAUSE (c	Ant	or (a), (b), and teriosc		cardi	ovasc	ular	dise	ase				PPROXIMAT VEEN ONSE	EINTERVAL T AND DEATH
MEDICAL EXAMINER ALONG WITH FOR AS A BURIAL-RANSIT PERMIT. PAGES 1 SALTH AND MENTAL HYGIENE, DIVISION OR REMOVAL.	9	ave rise		()	b) TO, OR A	S A CONSEOL		-									
		DTHER SIGNIF	ICANT CONDITIONS	CDNTRIBUTING	TO DEATH BU	FT NOT RELATED TO	THE TERMINAL DIS	EASE DR CONDITI	ON GIVEN IN PA	RT 1 a							
KIAL, CREMAT		DTHER SIGNIF				ON FOR WHIC				RT 1 ia						UTOPSY	
	19a. D	XTERNAL C ERLYING TRIBUTING	ERATION AUSE WAS OR CAUSE OF D	21b. HC	TIME OF IIDUR A.M. P.M.	ON FOR WHIC NJURY MONTH DAY	H OPERATION YEAR 19	N WAS PERFO	RMED?		ATURE OF IN:	JURY IN ITEA	w 18 PART	I LORPA		NUTOPSY YES 🗌	? NO K)
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ATE DEPARTMENT OF HEALTH	### PEDICALON 180 ° D	XTERNAL C ERLYING TRIBUTING TRIBUTING A ORK A To I certify the	AUSE WAS OR CAUSE OF E URRED OT WHILE T WORK	21b. HCDEATH	TIME OF IIDUR A.M. P.M. PLACE OF TREET, FACTOR	NJURY MONTH DAY FINJURY (AT	YEAR TO HOME, 211.	HOW INJUR LOCATION STREET topsy , Hom	Inspection	D (ENTER N.	Inquiry	wn , anner	and in	coi n my ap	unty		NO K
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TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A AFFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREW	WEDICAL CERTIFICATION TO BE CALLED TO BE CA	XTERNAL C ERLYING TRIBUTING VIOLE VORK A La L certify the resulted for the control of the contr	AUSE WAS OR CAUSE OF E CURRED OT WHILE T WORK ME N, REMOVAL 2 rial	DEATH 21b. HC 21c. Se of the removal causes X Horm 3b. DATE Apr.	TIME OF II DUR A.M. P.M. PLACE OF TREET, FACTO	NJURY MONTH DAY FINJURY (AT RY, FARM. ETC.) Guard 23c. NAME 1982—G	YEAR 210 TO HOME. 211. Suicide 1	HOW INJUR LOCATION STREET TOPSY M.D. ASS ADDRESS. Y OR CREMAT	Inspection	Undete	Inquiry Inquiry Inquiry CALEXAM Stree CATION OR TOWN 2 Lti	wn	and ir	COI n my ap DATE SIGNE	unity pinian ED	4/9/8 212	NO K)



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CERTIFICATION

MEDICAL

STATE OF MARYLAND REGISTRAR

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STATE OF MARKEARD								
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE							
CERTIFICATE OF DEATH								

	CERTIFICA	ATE OF D	EATH	8	REG. I	NO. (3 9	O. C.	9	6
FORD			2a. DATE O	FDEATH	04	25 8	32	7:2		
	S. DATE OF BI	IRTH		6 AGE (IN	rears last B	IRTHDAY)		ER 1 YEAR	IF UNDER	24 HRS
	05	16	15		66	6 YR:	MONTHS	DAYS	HOURS	MIN.
COUNTRY?	8			9 BALTIMO	RE CITY	OR COUN	ITY OF D	EATH		

WHITE BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT

4 RACE

MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE CITY (TYPE OF WORK FOR MOST OF WORKING LIFE)

HOMEMAKER

13e STREET ADDRESS

126 KIND OF BUSINESS OR INDUSTRY

ST. AGNES HOSPITAL BALTIMORE SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY

FIRST

EDNA

13c. CITY OR TOWN BALTIMORE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

YES X NOF 15. MOTHER'S MAIDEN NAME

MIDDLE

2038 WILKENS AVENUE, 21223

MARYLAND 4 FATHER'S NAME

- STATE

TYPE OR PRINT!

3 SEX

DECEASED NAME

PENNSYLVANIA

18 CITY OR TOWN OF DEATH

MIDDLE UNKNOW

17. INFORMANT

HERR INGTON ADDRESS Ave.

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO

166 SOCIAL SECURITY NO 532-26-9358

GERTRUDE ELLISON ZIVANOVICH 2005 EDMONDSON

BLANCHE

18 CAUSE OF DEATH Enter only one couse p PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.00 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

DAY YEAR 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Anni de obover (l) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

NO

O. Hernandez, M.D.

ST. AGNES HOSPITAL, 900 S. CATON AVENUE 23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 04-29-82 BURIAI

CEDAR HILL

CITY OF TOWN BROOKLYN

MARYLAND

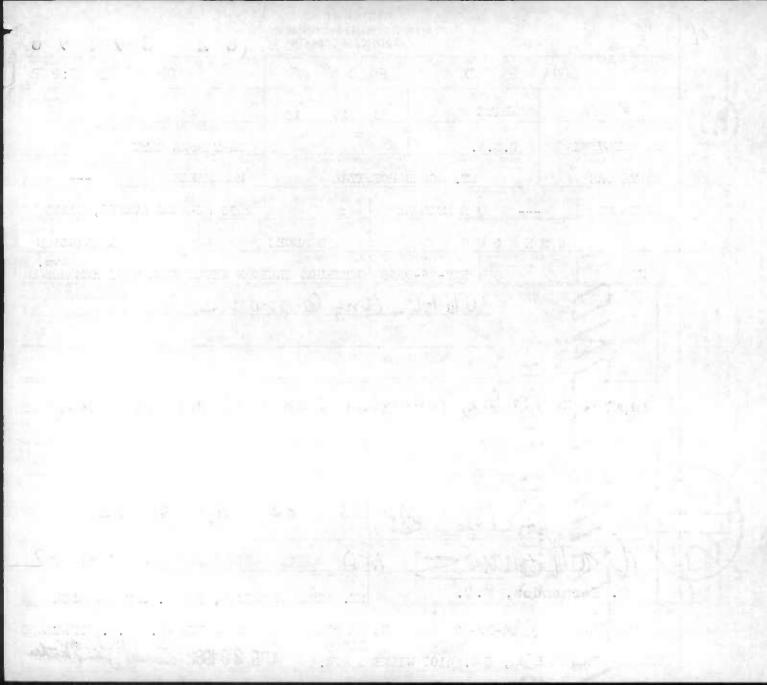
24 FUNERAL DIRECTOR

21d. INJURY OCCURRED

WHILE NOT WHILE AT WORK

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DHMH-16 50M 1/81 (VRA 15, 4)



requires that the death certificate be executed within 24 hours aft

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital ar attending physician.

STATE OF MARYLAND

DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
C	DT	FICATE	OF	DEATH	

1.	STATE REGISTRAR	DEPA	CERTIFICATE OF D	EATH	8 p2 N/	0 9	197
	CEASED NAME FIRST	R C	FORSYT	HE	20 DATE OF DEATH	MONTH DAY YEAR 4 - 26-8	2 HOUR 156 1AM M
3. SE	MALE	WHITE	5. DATE OF BIRTH	YEAR OS	6 AGE (IN YEARS LAST BIR)	HDAY) IF UNDER LYEA MONTHS DAY	R IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER A	ORCED [BALTIMORE CITY O	R COUNTY OF DEATH	ilto. City
	BALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST UNIVERSITY	F MARYLAND	Hosp	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF MAIL CAR	F WORKING LIFE) INDUSTR	of Business OR ostal Sen
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE NO COUR	NTY A 13c CITY OR TO	N BUNNIS YES INSIDE C	NO [cw 00D	Ro.
)	ATHER'S NAME BENT MINICIPAL BENT	MIDDLE FORS	SHTE	WAIDEN NAW	Addie P.	MAR	TIN
!	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) 1923-	MED FORCES? 166 SOCIAL SI VE WAR OR DATES) -1924 214-4	111 -		Forsythe S	ane as Abo	
	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ED BY: TE CAUSE (a) SEPTI				APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSE		INFEC	TION		
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	TED ISCHEN		UT15		
TION	KLEBSIELLA	CONDITIONS CONTRIBUTING	STEOARTHRITIS	SEVER	E LUMBAI	R MYELOPA	4 THY
CERTIFICATION	12/26 81		STENOSIS		YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	NO [
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR 19	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY		00	CITY OR TO		STATE
A	sow the deceased alive an abave, (1) (we) (did) (did no	APRIL 26 11) view he body after death	p 42, and that in (my)	, 19 (aur) opinion de	to APRIL 2	te and hour and from th	, that (I) (we) last e causes stated
	JAM 8	Det MO	DEGREE A	TTENDING X	MEDICAL STAF	F 11.	26.82
	JW BLOTZ		27e ADDRESS	22.5 BAL	GREENES.	MD 212	1
	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 4/29/1982	Cedan Hill Ce	REMATORY	Baltimore	A.A. CO.	Md. STATE
Ma	JNERAL DIRECTOR Cully Funeral H	lome 237 e. Pa	tapsco Ave.,	25a DAIE		Sh REGISTRAR'S SIGNA	TURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or ather traumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

A STATE OF THE STA wood to sell it the storm what had maked to the study the sell the HD TANK AMERICAN CAN BOOK IN COLL COLL COLL COLL Planted State Stat Personal Commence of the personal control of the perso ALANA ALANA ALANA ALANA CAPITAL PRODUCT TRANSCO CHECO COMPOSED AND SOLE KEEP ELD EN LED BOOK OF THE STREET STREET ALBERTA John - Type podelynika 199.20 19 Aug Star 200

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18 shov iol-tronsit the buriol-tronsit and Mental Hygi

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should be detoched with the State Dept

0 prior CERTIFICATION

MEDICAL

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PHYSICIAN The

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN

ND MENTAL HYGIENE CERTIFICATE OF DEATH

DATE OF BIRTH

	8 2EG NO. 0	9	1	9	8
	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HO	JR.
	4	15	82	7	10
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
76	85 YRS	MONTHS	DAYS	HOURS	MIN
	BALTIMORE CITY OR COUNT	Y OF DE	ATH		

MONTH YEAR STATE OR FOREIGN 76 CITIZEN OF WH COLE-TRY) MARRIED WEVER MARRIED WIDOWED DIVORCED

dent

oster

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

WIDDLE

timore

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IE YES, GIVE WAR OR DATES)

136 COUNTY

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS? MOTHER'S MAIDEN NAME

PART I. DEATH WAS CAUSED BY ARDU RRESP IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse 101, stoting the

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

OR AS A CONSEQUENCE OF CONGESTIVE

DUE TO, OR AS AJCONSEQUENCE OF underlying cause last

HE TERMINAL DISEASE OR CONDITION GIVEN IN PART PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

19a DATE OF OPERATION

REGISTRAR DECEASED NAME (TYPE OR PRINT)

1. 5£X

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO YES | NO T

21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, DEFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

211. LOCATION CITY OR TOWN

COUNTY STATE

220.1 certify that (I) this hospital attended the deceased from 15 obove, (1) (wer (did)/did not view the body ofter death 22h SIGNATURE

ATTENDING MEDICAL

STAFF PHYSICIAN DIRECTOR PHYSICIAL

pinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

NOT WHILE

22e ADDRES

23c. NAME OF CEMETERY OR CREMATORY

and that in (my)

DEGREE

23d LOCATION

DHMH - 16 60M 1/75 (VRA 15 (4))

24 FUNERAL DIRECTOR

23b DATE

25a DATE REC

V 1 V U L 6

1 -	FOR STA REG
I. DEC	
3. SEX	N
	THPI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	0	9	1	9	0
	REG. NO.					

REGISTRAR		CEKTIFICATE OF	DEATH	O REG. N	10.	, ,	
I. DECEASED NAME (TYPE OR PRINT)		LAST		20. DATE OF DEATH		AY YEAR	26 HOUR
	HAEL W.	FOSTER		APRIL 19			09:12
3. SEX	4. RACE	5. DATE OF BIRTH	YE AB	6 AGE (IN YEARS LAST BI		DNTHS DAYS	IF UNDER 24 HR
Male	Black	1 10	46	36	YRS		
BIRTHPLACE (STATE OF FOREIGN COUNTRY)		Y? 8. MARRIED NEVER	MARRIED -	9 BALTIMORE CITY			
MD -	USA		NORCED [BALTIMO		_	1
Baltimore	JOHNS HOSPITAL, NURS	INS HOSPITA		(TYPE OF WORK FOR MOST		126 KIND O INDUSTRY	OF BUSINESS (
MD 136 C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEF OUNTY 136 CITY OR TO Balti	WN 113d INSIDE	CITY LIMITS?	13. STREET ADDRESS 1506 N.	Luze	rne A	venue
14 FATHER'S NAME FIRST James	Foster Foster		rs maiden nan Ada	ME MIDDLE		May	0
Yes NOOR UNKNOWN) (18 YE	ARMED FORCES? 166 SOCIAL SEC S. GIVE WAR OR DATES) 212-48			er 8708 F		a Lan	е
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190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERF	ORMED	20a AUTOPSY?	IN CERTIFY!	WERE FINDIN	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFE EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCAT		YES NO	YES	_	NO []
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREE	eT	CITY OR TO	WN	COUNTY	STATE
sow the decrosed alive obove, (I) (we) (did) (did)	ospital) attended the deceased from 19. d not) view the body after death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF		
JOHN V	N ENGSTRON	-	HNS	HOVKIN	S H	OSPT	TAI
23a BURIAL, CREMATION, REMO		NAME OF CEMETERY OR	CREMATORY	23d. LOCATION	-/	W. I. J.	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove corbon-paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

Wm. C. March F/H 1101 E. North Ave. em. Crownswille Waller 256. DATE OF RIGHT OF RESERVANTE PROPERTY OF THE PROPER

100		OR PRINT) Cho		NIDDLE	- LAST	AcN	20 DATE OF DEATH	MONTH DAY	VEAR 82	2b HOUR
	3. SEX	Male	4 RACE Bla		DATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST	MŌ	UNDER TYEAR	IF UNDER 24 H
To head		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED NEV		9 BALTIMORE CITY	OR COUNTY O	FDEATH	
oy the further ded		Balto.	11. NAME OF H	HOSPITAL, NURSING HFACILITY, GIVE STREET ADI Secours	HOME OR OTHER		12a USUAL OCCUPA (TYPE OF WORK FOR MOS Mainter	TION FOF WORKING LIFE)	126 KIND OF	
filled in hould be f	13a. S	Md.	AE OR OTHER INSTITUTION, OUNTY	GIVE RESIDENCE BEFORE AD 13¢ CITY OR TOWN Balto	13d. INSIC	PE CITY LIMITS?	13e STREET ADDRESS	s	Bldg	
ompletely ompletely ond 2 s	(THER'S NAME FIRST		ountain		ER'S MAIDEN NA FIRST Maude	WE	- 42 002	LAST	
be execu-		VAS DECEASED EVER IN U.S res. no or unknown) (1F ye: No	. ARMED FORCES? S. GIVE WAR OR OATES)	220-03-3 200-39	837		ADD S Moses		W. E	
equires that the d signed by the a frhen please remoi to burial, cremati njury, or other tra	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL Decree	DUE TO, OF	P AS A CONSEQUENT ON TRIBUTING TO DE	ATH BUT DIQT RELA		IN AL DISEASE OR CO	ndition given	IN PART 110	,
n. hos been s permit. Th me prior tc	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH O	1 3		200 AUTOPSY?		VERE FINDIN	
SICIAN: The ng physicion certificate virial-transit entol Hygistem 18 sho	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DAY	YEAR	V INJURY OCCURI	RED (ENTER NATURE OF IN		I OR PART 2)	NO L
PHYS this we bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FARA	ALETC) 211 LOC	ATION REET	CITY OR	IOWN	COUNTY	STA
orker or the		AT WORK						1		
ATTENDING rospitol or oth tECTOR: After ed for use as th of of Health or		220.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (die	on 4/	9/8 10		my) (our) opinion	, to	19 . 19 date and hour o	nd from the c	ouses state
by the hospitol or offer by the hospitol or offer by the hospitol or offer coe detoched for use os the Stote Dept of Health or ANT: If them 21 is morked		220.1 certify that (1) (this h	on the body of the	ofter death.	, and that in (ATTENDING PHYSICIAN	/	AFF ICIAN []	22c. DATE S	
O FUN hould b	73a. B	22a.1 certify that (1) (this h saw the deceased alive above. (1) (we) (did) (did 22b. SIGNATURE	ype or PRINT) AS	OI, MD.	DEGREE	ATTENDING PHYSICIAN E	MEDICAL ST DIRECTOR PHYS	AFF ICIAN VICK I 1229	22c. DATE S	ouses state

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

added info g566 4/29/82 fj

- STATE

" LER 21 832 Thur, De Ville

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

and completely filled in by the ha

TATE	OF	MARYLAND	
DIAIL	Ur	MAKILAND	

8	REG. NO.	0	9	2

1-	FOR STATE REGISTRAR			ICATE OF DEATH	8 2 NG NG	0	9 2	U
1. DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		YEAR	26 HOUF
(TYPE	Eliza	beth K.		Fox	4/18/82		100	72
3. SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTI	HDAY) IF I	UNDER I YEAR	IF UNDER
	Female -	White	Dec		93	YRS	THS DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
	Md.	U.S.A.	WIDOWE		Baltim	nore C	ity	
0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	12a USUAL OCCUPATION		126 KIND O	F BUSINE
	Baltimore	Edgewood		ng Home	Homemake		*DOSTKT	
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	NTY 13t CITY C		138 INSIDE CITY LIMITS?	13e. STREET ADDRESS 2883 Che	esterf	ield	Ave
I4.FA	ATHER'S NAME	WDDIS .		15 MOTHER'S MAIDEN NAM	ME			
	Albert	MIDDLE	Manzke	FIRST	nknown		LAS	
	WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRE	SS		3.5
,	no		-30-097	Paul Fox (son) 7909	Tilm	ont A	ve.
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CO	/	7.5c v	D -		4 (4	
TION	Conditions, if ony, which gove rise to immediate couse io, stating the underlying cause lost	DUE TO, OR AS A COL	NSEQUENCE OF PHOR OF NO TO DEATH BUT					
TIFICATION	Conditions, if ony, which gove rise to immediate couse ion, stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF PHOR OF NO TO DEATH BUT		D - 2 (95) INAL DISEASE OR CONE 200 AUTOPSY? YES NO	DITION GIVEN 20b IF YES, V IN CERTIFYIN YES (VERE FINDIN	IGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io, stating the underlying cause lost	DUE TO, OR AS A COLOR DUE TO, OR AS A COLOR CONDITIONS CONTRIBUTION 196. CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF PHER AT NO TO DEATH BUT		200 AUTOPSY? YES NO	20b IF YES, V IN CERTIFYIN YES [VERE FINDIN NG CAUSES	IGS USED OF DEATI
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	Conditions, if ony, which gove rise to immediate couse 10% stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER INJURY OCCURRED WHILE NOT WHILE NOT WHILE IN NOT WHIL	DUE TO, OR AS A COLOR DUE TO, OR AS A COLOR CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. CONDITION	NSEQUENCE OF PLAN BUT NG TO DEATH BUT WHICH OPERATIO ITH DAY YEAR 19 OFFICE, FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET And that in (my) (our) opinion of	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do	20b IF YES, WIN CERTIFYIN YES [IY IN ITEM 18, PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	IGS USED OF DEATI NO STA
	Conditions, if ony, which gove rise to immediate couse lost stating the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION COURTED WHILE AT WORK NOT WHILE CAT WORK CONTRIBUTION TO SEE THE CONTRIBUTION OF COURTED WHILE CAUSE OF DE CONTRIBUTION OF COURTED CONTRIBUTION OF COURTED CAUSE OF	DUE TO, OR AS A COLOR DUE TO, OR AS A COLOR CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. CONDITION	NSEQUENCE OF PLAN BUT NG TO DEATH BUT WHICH OPERATIO ITH DAY YEAR 19 OFFICE, FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET 49 40 40 40 40 40 40 40 40 40	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do	20b IF YES, VIN CERTIFY IN YES [VERE FINDING CAUSES 1 OR PART 2) COUNTY	IGS USED OF DEATI NO STA
WEDICAL	Conditions, if ony, which gove rise to immediate couse ion stating the underlying couse lost PART 2 OTHER SIGNIFICANT (196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER, 21d INJURY OCCURRED WHILE AT WORK NOTWHILE AT WORK ON THE CONTRIBUTION OF THE CONTRIBUT	DUE TO, OR AS A COLOR DUE TO, OR AS A COLOR CONDITIONS CONTRIBUTION 19b. CONDITION FOR 19b. CONDITION	NSEQUENCE OF PEREZ OF A PROPERTION OFFICE, FARM, ETC.) Strong 19 232. NAME OF C	211. LOCATION STREET Add that in (my) (our) opinion of PHYSICIAN ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do	20b IF YES, VIN CERTIFY IN YES [VERE FINDING CAUSES 1 OR PART 2) COUNTY	IGS USED OF DEATI NO STA

Brehms Lane, Balto, Md.

3337

DHMH - 16 50M 1/76 (VR A 15 (4))

etoined by the hospital or ottending physician.



ond completely filled in by the teneral ogges I and 2 should be tilled within 72.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 heurs

requires that the death certificate be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	9	

REGISTRAR 1. DECEASED NAME	FIRST	WIDDLE		FICATE OF DEATH	20 DATE OF	REG. NO.	DAY	/EAR 2	HOUR
(TYPE OR PRINT)					20 DAIL OF	DEATH MORIN	041	1	a HOUR
3 SEX	James	2.65	Fox		1 1/2	April		982 1	:00p
MA	rle	BIK	MONT	OF BIRTH DAY YEAR 25-11	7/	RS LAST BIRTHDAY)	MONTHS RS.		OURS A
COUNTRY)	ATE OR FOREIGN 7	CITIZEN OF WHAT COU	NTRY? 8 MARRIE WIDOW	D NEVER MARRIED		nore C		TH	
10 CITY OR TOWN C		(IF NOT IN SUCH FACILITY, GIV	URSING HOME (OR OTHER INSTITUTION	120 USUAL O		12b. K		BUSINESS
Baltimor		Maryland Go		ospital				1000	
130. STATEM	13b. COUNT		A/10	13d INSIDE CITY LIMITS?	13e. STREET AL	Divi	sion	5	4.
14. FATHER'S NAME	mes.	IDDLE LA	ST .	15 MOTHER'S MAIDEN I	LA 8	MIDDLE	-31	JAST C	+-
160 WAS DECEASED (YES NO OR UNKNOW		MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT ROSALEE B	utlan	ADDRESS			
	DEATH (Enter only	one couse per line for (a),	(h) and (c)	- CSAILE D	y mer		1	PPROXIMA	TE INTERVAL
PART I. DE A	TH WAS CAUSED	BY:		creas with m			88		ears
gave rise to	stoting the	DUE TO, OR AS A CON	SEQUENCE OF				4100	1	
couse (o), underlying PART 2. OTHER	stoting the cause lost. SIGNIFICANT CO	DUE TO, OR AS A CON (C) DODITIONS CONTRIBUTION TESTINAL BLEE 196 CONDITION FOR V	G TO DEATH BUT	unknown eti	ology 20a AUTOP	SY? 20b. I	F YES, WERE I	INDING:	S USED
couse (o), underlying PART 2. OTHER	stoting the cause lost. R SIGNIFICANT CO	ONDITIONS CONTRIBUTION TESTINAL BLOOM 198. CONDITION FOR V	G TO DEATH BUT	unknown eti DN WAS PERFORMED	ology 200 AUTOP YES [5Y? 70b. I	FYES, WERE I ERTIFYING CA YES	FINDING: AUSES OF	S USED DEATH?
PART 2. OTHER OF 19a. DATE OF O	stoting the cause lost. R SIGNIFICANT CO	DADITIONS CONTRIBUTION testinal blee 196 CONDITION FOR V 716 TIME OF INJURY	G TO DEATH BUT eding of WHICH OPERATIO	unknown eti	ology 200 AUTOP YES [5Y? 70b. I	FYES, WERE I ERTIFYING CA YES	FINDING: AUSES OF	DEATH?
PART 2. OTHER 190. DATE OF O 210. ACCIDENT W OR CONTRIBUTING	stoting the cause lost. R SIGNIFICANT CO RESTROIN AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) CCURRED	DNDITIONS CONTRIBUTION testinal blee 196 CONDITION FOR V 216. TIME OF INJURY HOUR A.M. MONT	G TO DEATH BUT Signification H DAY YEAR 19	UNKNOWN ETI N WAS PERFORMED 214 HOW INJURY OCCI	OTORY 700 AUTOP YES [] URRED (ENTER NATU	5Y? 70b. I	FYES, WERE I ERTIFYING CA YES W18 PARTI ORPA	FINDING: AUSES OF I ART 2)	DEATH?
PART 2. OTHER OR Tower 190. DATE OF O 21d. ACCIDENT W OR CONTRIBUTING (IF EITHER NOTIF AT WORK 22d. Leertify th	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) COURRED NOT WHILE All WORK Of (Withis hospito)	DNDITIONS CONTRIBUTION TESTINAL BLOCK 198 CONDITION FOR V 118 TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, C	G TO DEATH BUT eding of WHICH OPERATIO H DAY YEAR 19 DEFICE FARM, ETC.) from Apr	211 LOCATION STREET 11 6, 1982	706 AUTOP YES URRED (ENTER NATU	SY? ZOB. IN CITY OR TOWN	FYES, WERE I ERTIFYING CA YES	FINDING: AUSES OF	STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital ar attending physician.

ADMINISTRAÇÃO DE LA PROPERTIDA DE LA COMPANSION DE LA COM A STATE OF THE STA The same of the sa DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1	FÖR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 2 0 9 2
-		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR
		Janet	Louise	France	4 2082
	3 SE	x Temale	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 2 24 31	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DATS
5	20 B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
3		Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore City
1	in.	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
JZ	Maria .	Baltimore	St. Agnes Hosp.		Clerk Dist.
35	130. Ma	aryland Howa	INTY I I G CITY OR TOW	City YES NO T	13e. STREET ADDRESS 9954 Frederick Road
1	14, F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
	16. 3	Robert WAS DECEASED EVER IN U.S. A	M. Gearhart RMED FORCES? 166 SOCIAL SECU	Helen JRITY NO. 17 INFORMANT	Louise Harmon
edicol			sive war or dates) 213 28 5		9954 Frederick Road
er trau		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUE	FNCF OF	
jury, ar ather trau	N	gave rise to immediate cause (a), stating the underlying cause lost.	(b)	SN LPS Life of	NINAL DISEASE OR CONDITION GIVEN IN PART 1(a
ws any injury, ar	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.	(c) CONDITIONS CONTRIBUTING TO	SN LPS Life of	200. AUTOPSY? 200. IF YES, WERE FINDING CAUSES OF YES NOW YES
18 shaws any injury, ar	AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH Metastatic Cx 21b. Time of Injury Hour A.M. Month D	OPERATION WAS PERFORMED Ca, 10 PERATION WAS PERFORMED 10 PERFORMED 11 PERFORMED 13 PERFORMED 13 PERFORMED 13 PERFORMED 14 PERFORMED 15 PERFORMED 16 PERFORMED 17 PERFORMED 18 PERFORMED 1	200. AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES PORT OF YES.
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f them 21 is marked ar them 18 shows any injury, ar		gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did)	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH Mataraca 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, Inc. 10 10 10 10 10 10 10 10 10 10 10 10 10 1	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN [224 ADDRESS	200, AUTOPSY? 200, IF YES, WERE FINDININ CERTIFYING CAUSES (YES NOW YES TENTINE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY 210, 10 19 2 11 death occurred an the date and hour and from the county
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/ //	tems 13a-e per phone 5/4/8	32 dadstate of maryland	0 0 0
3	- STATE	AL EXAMINER'S CERTIFICATE OF DEATH 4 REG. NO.	9204
	DECEASED NAME FIRST MIDD (TYPE OR PRINT)	DIE LAST ZO DATE KNOWN AND OF ESTI-	MONTH DAY YEAR 76 HOUR
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Robert L	· Francis V.	4 22 1982 M
CAN SER	Male Black 05 08 3	LAST BRITHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	4 22 19 82 2:49
S NEGE FUNERAL S FOR W PREST	BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO CHIMEN COUNTRY)	MARRIED ST. NEVER MARRIED Baltimore	City MO
SEGENT OF THE SEGUT OF	Baltimore City Sinai	1-4011000	OR INDUSTRY
F ANY DELA 2, AND 3 TO 3, READ 9 TO 5, SHOULD BE P 5, SHOULD BE P	UAL RESIDENCE (IF INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE). STATE 13b. COUNTY 13c.	Dence before admission) OF TOWN 13d. INSIDE (ITY LIMITS? THE STREET ADDRESS OF TOWN 13d. INSIDE (ITY LIMITS? TO STREET ADDRESS OF TOWN 13d. INSIDE (ITY LIMITS? TO STREET ADDRESS OF TOWN 13d. INSIDE (ITY LIMITS? TO STREET ADDRESS OF TOWN 13d. INSIDE (ITY LIMITS?	Avenue 21215
KELMO.	Labert C. Francis	Shasi Stasi White 213	Windser bonden
BALTIMO IRS AFIER I SI GIVE PAC WITH FORM PAGES 1 DIVISION (60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, GRUNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Elizabeth Franci	s 5301 Hanlink
W. PRESTON ST. VOWTHIN 24 HOUSENCE, IN ITEM 18 MINER ALONG TRANSIT PERMIT SINTAL HYGEPUE, OR REMOVAL.	Conditions, if ony, which gove rise to immediate (b)	rosclerotic cardiovascular disease CONSEQUENCE OF CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 LD BE EXECUTED PENDING: IN F A SA SA BURRAL PEATH AND MR CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS 210. TIME OF INJURE AND ADDRESS AND	OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD ORD "PE CHIEF A	The same of the sa	TOK WHICH OF ENAMED WAS LESS GRANED	YES NO
S CERTIFICATE SHOUL RDED TO THE CHIEF RT STANDLE BE USE RESTANDLE BE USE RESTANDLE OF USE OF PRIOR TO BURLAL		NTH DAY YEAR 19	IT LOR PART 2)
I>344-	CONTRIBUTING CAUSE OF DEATH P.M. 214. INJURY OCCURRED 216. PLACE OF INJURY OCCURRED STREET, FACTORY, FA		COUNTY STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FORWATO FORWATORE, PARTIMORE, MARYLAND, 217	27a I certify that I took charge of the remains described death resulted from: Natural causes . Accid		DATE 4/22/82
O MEDIC GECUTE 1 AGE 4 S O FUNEI FITER DEL	EXAMINER'S NAME Margarita A. K.	ADDRESS	imore, Md. 21201
234248 —	Burial 4-27-83	236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN	COUNTY STAN
DHMH · 17 (VR A15 ME (5)) 15M 2/80	Vernon R. Smiley	1348 Cachouns APR 26 1982 Branca	Jan Tarther

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FOR 1 - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	2 REG. NO.	0	9	2	0
1. DECEASED NAME FIRST (TYPE OR PRINT) LIONEL		C. J	FRAN	KLIN		APRII	DEATH MON		82	/EAR	26 HOUR 10:
Male	4 RACE Blac	k	5. DATE C		49	6 AGE LINYE	ARS LAST BIRTHDAY		IF UNDER	DATS	IF UNDER 2
OUNTRY) BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD		S.A.	MARRIEI WIDOWE	NEVER M	ARRIED D		E CITY OR CO	YTAUC		TH	
Baltimore	The second secon	F HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)							BUSINES		
UAL RESIDENCE (IF NURSING HOME OR 13b COUN MD		Baltimor	1	134 INSIDECT	TY LIMITS?	13e. STREET A	DDRESS 16 May	Cou	ırt		
14 FATHER'S NAME FIRST Craisoe	MIDDLE C.	Frankli	in	15. MOTHER'S	MAIDEN NAM		MIDDLE E.		4	H	111
160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUR 214-56-5		Jacqu		Harvey	ADDRESS 3717	Me1	bou	rne	Road
CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per D BY. E CAUSE (a)		"Res	picalo	vey (wee	(-		BET	WEEN O	AATE INTERV NSET AND D
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(6)	AS A CONSEQUEN		ntric	nlek	haen	wirh	age			
PART 2 OTHER SIGNIFICANT C	((t)	NTRIBUTING TO DE	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITIC)N GIVE	N IN PA	ART I (o	,

SIVEN IN PART 1001 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 220.1 certify that the (this haspital) attended the deceased fram.

saw the deceased alive an ______.
above, (I) (well (did) (and not) view the body all in death. 226 SIGNATURE

DEGREE 73 BCLBHO ATTENDING PHYSICIAN

=, and that in (my) (ear) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED STAFF

Buria1

22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN

26 HOUR 10:35p

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS HQUR5

230 BURIAL, CREMATION, REMOVAL

23b. DATE 4/23/82 23c NAME OF CEMETERY OR CREMATORY Eastview Mem. Pk.

23d LOCATION Balto.

COUNTY

24 FUNERAL DIRECTOR DHMH-16 50M 1/81 (VRA 15, 4)

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Wm. C. March F/H, Inc. 1101 E. North Ave.

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6.0	PECEASED NAME FIRST PE OR PRINT)	oin Fra	Frankovitch	2ª DATE OF DEATH MONTH 4-5-82	DAY YEAR 2b	HOUR 2:28F
3. S	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	Female	Cauc.	1 28 1951	31 YR:		JURS MIN
67	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Jersey	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUN		MD.
33 10.	Baltimore	11. NAME OF HOSPITAL, NURSIN	ADDRESS) ins Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126 KIND OF BU	USINESS OR
\$7 Ne	UAL RESIDENCE (IF NURS) HIS CO STATE PW Jersey FATHER'S NAME	OROTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW Linden Frankovi	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO YES NO	13. STREET ADDRESS 1615 S. Sti	les St.	
20	Stephen WAS DECEASED EVER IN U.S.	Frankovic	h Helen	MIDDLE ADDRESS	Skirjunus	3
13		GIVE WAR OR DATES)	Helen Frank		. Stiles	St.
Small	1767	DUE TO, OR AS A CONSEQUE	NCE OF 1	1 -		
injury, ar ather troum	Conditions, if any, which gove the to immediate course int, stating the underlying course bust. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE	INCE OF THE TERM	MINAL DISEASE OR CONDITION OF	GIVEN IN PART 1(0)	
18 shows ony injury, ar ather	gave rise to immediate course (a), stating the underlying course fast.	T CONDITIONS CONTRIBUTING TO I	DEFINITION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS RTIFYING CAUSES OF I YES \(\text{N} \)	USED DE ATH?
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TO FUNERAL DIRECTOR: After this certificate has been signed by the

offending physician

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IMPORTANT

FOR STATE REGISTRAR			ENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8	2 REG. NO.	0	9	2 (0	7
DECEASED NAME TYPE OR PRINT) WILT		S.	FR	AZIER	20. DATE OF	DEATH MOI	1-2	7-8	2 1	A T	2/ M
NMale NMale	4 RACE	White	5. DATE C	H OAY YEAR	6 AGE (INY	78			19.7-01	URS I	HRS M IN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		SA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMO	CITY OR C	OUNTY		н timo:	re	MD.
BALTO		HOSPITAL, NURSING		Hospital		A. Ope	orking life;	INDUS	TRY	_	
STATE A 136 COU		GIVE RESIDENCE BEFORE A 131. CITY OR TOWN DACT		13d INSIDE CITY LIMITS? YES NO	13e. STREET	4 .	101 2000	2 2	1239 BL	va	_
FATHER'S NAME FIRST Harry	MIDDLE .	Frazie:	r	15. MOTHER'S MAIDEN NA Katherii		MIDDIE E	No	ot K	nown		
WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES!	2/3-10-	_	Thelma E. F	Apt. 31 razier	0 ADDRESS 6101	Ba: Loch	lt., Rav	Md. en B	212 Lvd.	239
18 CAUSE OF DEATH /Enter of PART I. DEATH WAS CAUSI		line far (a), (b), and	(c).)	tarline)				BETV	PROXIMATE VEEN ONSE	INTERVAL AND DE	ATH
5/40 Canditions, if any, which		R AS A CONSEQUEN	OF	Sema 1	0,0	•					
gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUEN	ICE OF		ec i						
PART 2 OTHER SIGNIFICANT	CONDITIONS	NITRIBUTING TO DE	ATH BUT	NOT BELATED TO THE TERM	INIAL DISTACT	OR COMPIL	ONLONG	L SA L DA I	T 1.		

CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES | NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC | WHILE DOT WHILE TO WORK 220 1 certify that (1) (the hospital) attended the deceased from saw the deceased of the on 19 Z, and that in (my saw the deceased alive on obove, (1) (we) (did) (did not) view the body after death. ppinion death occurred on the date and hour and from the causes state 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS GORDON 23d LOCATION
CITY OF TOWN
Baltimore 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY {SPECIFY| 1982 Burial May 1 Lorraine Park 24 FUNERAL DIRECTOR 25H REGISTRAR'S SHIPMATHE

Leonard Baltimore, Maryland J. Ruck, Inc.

250 DATE REC

DHMH - 16 50M 1/B1 (VRA 15, 4)

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FOR	DEPARTMENT OF	HEALTH AND N
REGISTRAR	CERTI	FICATE OF D

STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

CERTIFICATE OF DEATH

REG. NO.

		EASED NAME	FIRST		WIDDLE	1	LAST	20 DA	TE OF DEATH	MONIH D	AY YEAR	26 HOUR	
	(TYPE	OR PRINT)	NEA	AL	S.	FRE	AM			4/10	9182	813	A or
	3. SEX			4 RACE		5 DATE C			IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	# UNDER 24 H	HR5
	Ma	le	1	White		Augus	st 2, 1901		20	YRS	ONTHS! DAYS	HOURS	AIN.
1	7a. BIF	THPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8		9 BAL	TIMORE CITY O		OF DEATH		
f l		braska		USA		WIDOWE	D NEVER MARRIED DIVORCED		D 2 = MT14	ODD OT	em3.7		410
7		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION		BALTIM SUAL OCCUPAT			F BUSINESS	OR
1	167114	BALTIMORE (IF NOT INS.) JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.)							kkeeper			oil Co	
d	13a S	TATE	13b COUN	OTHER INSTITUTION	13c. CITY OR TOW		134 INSIDE CITY LIMITS		REET ADDRESS				
		ryland		THE PARTY	Baltimo	re	YES 2 NO		4 Argon	ne Dri	ve	13.51	
	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS	1	
	J	ohn	E	3	Frea	m	Sena		E'		Howard	1	
		AS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT BO	altimo	re, ADDRI	ESS Md.	21218	3	
		No	(# 123, 5)**		234-10-8	5027 A	Dan H. Free	am 11	04 Argo	nne Dr	ive		
		18 CAUSE OF DEA	TH (Enter on	ly one couse per							APPROX	MATE INTERVAL	A764
		PART I. DEATH V	WAS CAUSE	D BY.	Caron		CO	0 1	4.	(a. d.			
		LILITI	MANAGERIA		24.		and at the	2	Shr	Gudia	8		
		Conditions, if ony	which		RASA CONSEOU			1 1 1	1-				
		gave rise to im	mediate		21		10 2 00	1.10,100	a ar	CLAALA	1		_
		underlying cous			R AS A CONSEOU		. 00		L				
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	Z O	TART Z OTTER STO	MILICANIC	- CNDIIION3	-	DEATH BUT	NOT KETATED TO THE T	TERMINALD	SEASE OR CON	DITION GIVE	N IN PART II		
1	ATI	19a DATE OF OPERA	MOIT	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS USED	
	CERTIFICATION	4/17/8			rbeial.	udu i	00. 4	YES	NO IN	IN CERTIFY YES	ING CAUSES		
		210. ACCIDENT WAS UN		1100110 4	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (EN	TER NATURE OF INJU	RY IN ITEM IB PA	RT OR PART 2)		
	SPI	(IF EITHER NOTIFY MED		in l		19							
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	FARM FIC 1	21f LOCATION STREET		CITY OR TO)WN	COUNTY	STATE	
	2	AT WORK NOT W	ORK DRK		or ite.	- Annie C							
		22a. I certify that (I) (this hospit		e deceased from_	4/	18 / 19 8	\$ 2 . to	4 1	19/1	9 4.7.	that (I) (we)	lost
		sow the decease above, (I) (we)	sed olive on,	View the body	ofter death	, 01	nd that in (my) (our) apir	inion death o	ccurred on the d	ate and hour	and from the	couses stated	ł
		22b. SIGNATURE	0				DEGREE				22c. DATE	SIGNED	_
H			16	MAI FAM	-		ATTENDIN PHYSICIA	NG MED	CTOR PHYSIC	FF .	4/10	1/82	
		22d PHYSICIAN'S N	AME (TYPE OF	R PRINT)			22e ADDRESS						_
		ACHAZ	1 SNA	MA	SARK	.22	Unios	n en	13 mo 82	ar 1	1920 h	TAC	
		URIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATO		LOCATION		COHNIX	57.10	
		Bur	rial	4/22/	82 Flo	oral H	lills Memori	ial Cl	arksburg	y Harr	rison h	lest Vo	α.
	24 FU	NERAL DIRECTOR	3728 L	iberty .	Rd. Rand	dallst	own, Md. 25a	DATE REC'D			AR'S SIGNAT	URE	
	Lo	oring Byer	es Fun	eral Di	rectors,	Inc.		PR 2.7	1000	mus (Dan //	The	

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

IMPORTANT: If Nem 21 is marked or them 18 shows any injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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ading physician and campletely filled in by the funeral director, page 3 carbanappers. Pages 1 and 2 should be filled within 72 hours after death or removal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the G

urs ofter death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

9209

1	- STATE REGISTRAR			CERTI	FICATE OF DEATH	REG.	NO.		
	ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	'MONTH	DAY YEAR	26 HOUR E
	HELEN	\wedge	\ FRE	DERI	CK	APRIL 1	0,198	2	12:57m
3. SE	EX	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
F	remale	White		Feb.	. 2, 1924	58	YRS		10000
7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAAAAA	ED 2008 EVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
A	lrkansas	U.S.	A.	WIDOW		BALTIM	ORE C	צידיי	MD
10 (CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	126. KIND	OF BUSINESS OR
B	ALTIMORE	TOHNS	HOPKIN		OSPTTAT.	Accountan			
	JAL RESIDENCE (IF NURSING HOME			ADMISSION)		13e STREET ADDRESS			
	10000	timore	Catonsvi		YES NO DE	534 Coven		oad	21229
	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME			
	Arch	Richa	rds		Ruth	WIDDLE	lebb	LA	AST
	WAS DECEASED EVER IN U.S. A	RMED FORCES?		RITY NO.	17 INFORMANT Mr. K	Kenneth FY	derich	k	
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	430-28-9	319	5923 Western	Run Dr. B	Balto 1	MD. 21	209
	IL CAUSE OF DEATH (Enter	noly one couse ne	rine for (a), (b), and	d (e).)					NONSET AND DEATH
	18 CAUSE OF DEATH (Enter- PART I. DEATH WAS CAUS	SED BY:	8.00	- 1	- incuffe	1			
	IMMEDI	ATE CAUSE (0)	1	.46.76					
	1629	DUE TO, C	R AS A CONSEQUE	NCE OF	7				
	Conditions, if ony, which	(b)_	Metas	tactic	brain tun	a l			
	gove rise to immediate couse (a), stating the	3							
	underlying couse lost.	DUE TO, C	R AS A CONSEQUE	IN ON	c. of 40 1			37 37	
		(c)				unit			
z	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(0)
CERTIFICATION	19n DATE OF OPERATION	19h CONE	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	1 20a AUTOPSY?	T20h JE YI	ES. WERE FIND	INGSTISED
F O	DATE OF OFERANOIS	The College	inort or timen	OFERAIR	SA TRASTEM GRANED	No.	IN CERT	TIFYING CAUSE	S OF DEATH?
E			25.01.01.02		In How hills occur	YES NO		YES 🗌	NO 🗍
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM T8	PART I OR PART 2)	
N N	(IF EITHER, NOTIFY MEDICAL EXAMIN		.M.	19	40 Sept 10				
MEDICAL	21d. INJURY OCCURRED		OF INJURY	110	211. LOCATION	CITY OR	TOWN	COUNTY	STATE
2	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SINGEL	CITON	101111		31716
	22a.1 certify that (I) (this has	pital) attended th	ne deceased from	3/3	29 19 82	. to 4/10	0	19 82	, that (i) (we) last
	sow the deceased alive a			32	and that in (my) (our) opinion	death occurred on the	date and ha	our and from th	
	22b SIGNATURE	not) view the body	ofter death.		DEGREE				E SIGNED
	Ct	NO	Λ		ATTENDING	MEDICAL ST	TAFF 3	L.	1 1
1	On.	dur L Dir	d'		PHYSICIAN [17	10/82
	224 PHYSICIAN'S NAME (111	1	0. 4		220. ADDRESS Jahns	Hopkins Hos	pital, 1	Dept of 1	Leiro
	Sho	un J.	Sird			Lt., Md.		,	
23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23t. h	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	Burial	4-13-	82 Dul	mon	Valley Mem. (Cocke	248227	La Butt	MISTATE
24.1			unoral Di	noat	one The 250 DAI	E REC'D BY REGISTRA	ARIZI REGIS	STRAR	/ feeling
18	FUNERAL DIRECTO Loring 728 Liberty Roa	d Randa	7.7 et or m	Mami	1 and 21733 AP	R 1 3 1982	GAME	Party of	
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DHMH-16 30M 2/80 (VRA 15, 4)

HOSPITAL 0

OR ATTENDING PHYSICIAN. The

retained by the hospital or attending physician.

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42	0.4	REGISTRAR		CERTIFICATE OF DE	AIH	REG. NO.		
4		CEASED NAME FIRST	U FREEMA	4~	20. DAT	APre	14 1982 11 =	200
(朝)	3 SE	male	Black	S. DATE OF BIRTH	YEAR 6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER	MIN
11 83		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	0 PAIT	A VANUE		M
139	1	A TOWN OF DEATH	11, NAME OF HOSPITAL, NURSIN			JAL OCCUPATION WORK FOR MOST OF WORKIN	G LIFE) 126 KIND OF BUSINE	ESS OF
BS	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131, CITY OR TOW	N 134 INSIDE CIT	Y LIMITS? 130 STRI	EET ADDRESS	sterstown A	28
300	2	Walker	MIDDLE LAST	15 MOTHER'S	MAIDEN NAME	WIDDLE	may.	
e medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	the forces? 166. SOCIAL SECU E WAR OR DATES) 219-05-7			ADDRESS	Calla wey F	900
perimit. Then probe remove could be prior to buriol, cremotion, or rews only injury, or other troumotic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) LEPUL CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED T	e (Cin OTHE TERMINAL DIS POLLE EN	CERTIFICATION CERTIF		D TH?
Item 21 is morked or Item 18 show	MEDICAL CERTIF	sow the deceased alive on	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET APALL Ond that in (my) (c) DEGREE	N 19 <u>82</u> , to_ our) opinion deoth occ	CITY OR TOWN		TATE
with the State D	23 a . [22d. PHYSICIAN'S NAME (Type of Frankly) BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. N	220 ADDRESS NAME OF CEMETERY OR CF	REMATORY 23d L	CAL STAFF FOR PHYSICIAN CONTROL PHYSICIAN CONTRO	COUNTY STA	
50M 7/77 15 (4))		UNERAL DIRECTOR NAME Om. C March	F/14 1101 E, A	porth Ave.	25e. DATE REC'D.	BY REGISTRAPINA REC	SIST ARS AIGN THE	th C

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f should be detached far use as the burial-transit permit. Then please remove corbompapers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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	C	THP	RY)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Goldie	Rebecca	Freeman	April 13.1	982
3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
Female	White	MONTH DAY YEAR OF COLOR) 9/1 YRS	MONTHS DATS HOURS MI
COUNTRY)		MARRIED NEVER MARRIED	- 1 1 1 1 T 1 T	TY OF DEATH
Maryland OCITY OF TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS C
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STR	eet address) ord Avenue	(TYPE OF WORK FOR MOST OF WORKING Sales Clerk	
	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 130 GIY ORTO	13d. INSIDE CITY LIMIT YES NO	S? 13e. STREET ADDRESS Han	tford Are 212
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		U
Joseph	S. Hoshal	11 Emma	WIDDLE	Wilhelm
160 WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	2120
(yes, no or unknown) (if ye	s, GIVE WAR OR DATES) 212-09-	-8954 Mrs. Marg	aret M. Black 440	1 Frankford Av
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er anly ane cause per line far (a) (b).		Heaville In the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DIATE CAUSE (a) 400 TW	in testenal hen	noroge	firs
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PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION C	GIVEN IN PART Tras
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
00.000.000.000.00	F DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER MATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAN 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this h	ospital) attended the deceased from	Car	07 to 4-13	, 1952, that (# (we) la
above, (1) (we) (did) (di	d not view the body after death.		nian death occurred on the date and h	
27% SIGNATURE OF	ve. Kle	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	4-13-82
22d PHYSICIAN S NAME (1	YPE OR PRINTI	22e ADDRESS		
Dr. John H	·	7527 Bela	ir Rd. Balt. Md.	
23a BURIAL, CREMATION, REMO	VAL 23b DATE 23	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
Burial	4-16-82	Parkwood Cemetery	Baltimore,	Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

retoined by the hospital or attending physicion.

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc 5305 Harrord Rd. Balt. Md.

Baltimore, Parkwood Cemetery 25a. DATE REC'D.

Maryland

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 0	9 2	1 2
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH D		HOUR
1	3 SE.	Ella	4 RACE	S. DATE C		April 17,		1:05A M
1		FEMALE	WHITE		UST 19, 1902	79 YRS.	ONTHS DAYS H	OURS MIN
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND			D NEVER MARRIEDXXX	Baltimore City Baltimore City	OF DEATH	MD.
18		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Maryland Genera	ADDRESS)		126 USUAL OCCUPATION TYPEOF WAR TO SOR ORKING LIFE	12b KIND OF B	
35	13a S	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	APT. 7219 PARK HTS.	201 AVE. 2	1208
Comine	14. F.A	ATHER'S NAME FIRST JACOB	MIDDLE FRIEDLAN	DER	IS MOTHER'S MAIDEN NAM	MIDDLE	WEISB	ERG
ledicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 212-05-1		17. INFORMANT MAN AVE., APT.	US FRIEDEANDER 201 BALTO., MI	7219 PA D 21208	
y injury, or other troumotic event, it	ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b) Cerebral Due to, or as a conseque (c) CONDITIONS CONTRIBUTING TO E	DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Vascul DUE TO, OR AS A CONSEQUENCE OF (c) OITIONS CONTRIBUTING TO DEATH BUT N C Cardiovascular Dis		ipheral Vascular	N IN PART ITO	TÉ INTÉPVAL
1 oms	CERTIFICATION			OPERATIO	1 0	YES NO YES	ING CAUSES OF	DEATH?
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	TH HOUR A.M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA		
Z i is marked o	ME	WHILE AT WORK IN A WORK IN						
E E E E E E E E E E E E E E E E E E E	1	226. SIGNATURE	R Marti	- v	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIG	7-8-2
A CK		Craig R. Ma			c/o Maryla	nd General Hospit	:a1	
<u>≥</u>	24 FI	BURIAL, CREMATION, REMOVAL (SPECHY) BURIAL UNERAL DIRECTOR SOL 1 5010 REISTERSTO	APR.20 1982	MOSES , INC	MONTEFIORE	23d LOCATION CITY OF TOWN BALTIMORE E REC'D. BY REGISTRA 25D REGISTR	COUNTY MAF	RYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the often should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTII	FICATE OF	DEATH	0	REG. NO	o. •		6.00		Y
1. DECEASED NAME	EIRST		MIDDLE		EAST		2a. DATE O	F DEATH	MONTH	DAY	YE AR	2b. HO	UR
(TITE OXPANA)	DAWN	1	M.	FR	ITTER		APRI	L 8,1	.982			7:5	58A,
3. SEX	4	RACE			OF BIRTH		6. AGE (IN	YEARS LAST BIRT	THDAY)	MONTHS			ER 24 HRS
Fema1e		Wh:	ite	2	3 DAY	79°	3		YRS.	MONTHS	DATS	HOURS	MIN.
Maryland	OR FOREIGN 7	U.S.	WHAT COUNTRY?	MARRIE WIDOW		MARRIED TO		RE CITY O	R COUNT		ATH		MD
Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN THEACHTY, GIVE STREET AGNES HO	ADDRESS)		NOITUTION	120 USUAL (TYPE OF WOR	OCCUPATION FOR MOST O			KIND O USTRY	F BUSIN	NESS OR
Maryland	136 COUN		GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimo	N		CITY LIMITS?	13e. STREET 3134	ADDRESS Staff	ord S	tree	et	212	229
4. FATHER'S NAME	M	NIDDLE	TAST		15. MOTHER	S'S MAIDEN NA	AME	WIDDLE		-17.5	1.45	,	
Dennis		chael	Frit	ter	100000	Caroly	n	MIDDLE			Ĵ	acob	os
160. WAS DECEASED EV			16b. SOCIAL SECU	RITY NO.	17 INFORM	ANT	and the same	ADDRE	SS			212	229
(YES, NO OR UNKNOWN	(IE YES, GIVE	WAR OR DATES)	219-94-	7730	Denn	is M. F	ritter	313	4 Sta	ffor	d S		
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190. DATE OF OPE	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	OPSY?		ES, WERE			
III							YES	NO		ES [AUSES	NO	
On COLUMN STREET	CAUSE OF DEAT		de injury M. Month De M.	Y YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERN	ATURE OF INJUR	RY IN ITEM 18	PART I OR	PART 2)		
(IF EITHER NOTIFY) 216 IN JURY OCC WHILE NO AT WORK	T WHILE WORK	21e, PLACE (AT HOME, ST	OF INJURY REET, EACTORY, OFFICE, F	ARM, ETC)	211 LOCAT STREE			CITY OR TO	wN	cou	UNTY		STATE
sow the dec	eosed olive on_e) (did) (did) not	MARCH	e deceosed from	5/3	nd that in (my	/) (our) opinion	, , , ,	Appli ed on the do					(we) lost stoted
22b. SIGNATURE	. C. m	auba	nd		DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		220	C. DATE	SIGNED	
228 PHYSICIAN'S	C. MAR				22e. ADDRE								171
		Tan Dare	122		1765 3	H-PAUL	, ISAC		28, 1	40	513	02	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH-16 30M 2/80 (VRA 15, 4)

4/12/82 Buria1

Loudon Park Cemetery

Baltimore

Maryland

24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. APR 12 1982 Registrar's SIGNATURE

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ATTENDING PHYSICIAN: The

TO HOSPITAL

1		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	09214
		CEASED NAME FIRST MAN	RAYNARD F	ROUNFOUTER	20. DATE OF DEATH MONTH	30 82 1 45 M
	3. SE	FEMBLE	A RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 23 00.	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	₹a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY A.S.	MARRIED NEVER MARRIED WOONCED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
Marking		PRIMICALE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION LET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
3	₩SU. 13a. S	STATE No COUN	NOTHER INSTITUTION GIVE RESIDENCE BEFO NTY 131 CLESSOR TO		Uniton Bride	rerrates
000	14 FA	THE BANKS	MDB. SMITH	GOLD LE		(A) LAST
e medicol	160 \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC VE WARDE DATE: 220-0	CURITY NO. 17. INFORMANT	ADDRESS New W	Mindsor, Md
ringuy, or other froumotic even	TION	Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause last. PART 2. OTHER SIGNIFICANT (ORGANIC	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO EXCESS SYMPTE	UENCE OF UENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COMPILED	
2 Cuo sou	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	TH OPERATION WAS PERFORMED	200 AUTOPSY?	TYES, WERE FINDINGS USED ENTIFYING CAUSES OF DEATH? ES NO NO
ked or Item 18 s	MEDICAL CE	21a, ACCIDENT WAS UND BUMBLE OR CONTRIBUTING GUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK ALWORK	P.M.	NA 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	M 18, PART I OR PÅRT 2) COUNTY STATE
IMPORTANT: If them 21 is mor		22a I certify that (I) (this hospi	y view the body after death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated
_		URIAL, CREMATION, REMOVAL	11/20/2	NAME OF CEMETERY OF CREMATORY SECURITY PROCES	Make y 7	
/80	24. FL	MERAPORECTOR S. a.	ADDRESS NE	WWINDSOR MA)	F REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

TARRELLY B. SMITH COUNTY COUNTY Bridge Md.

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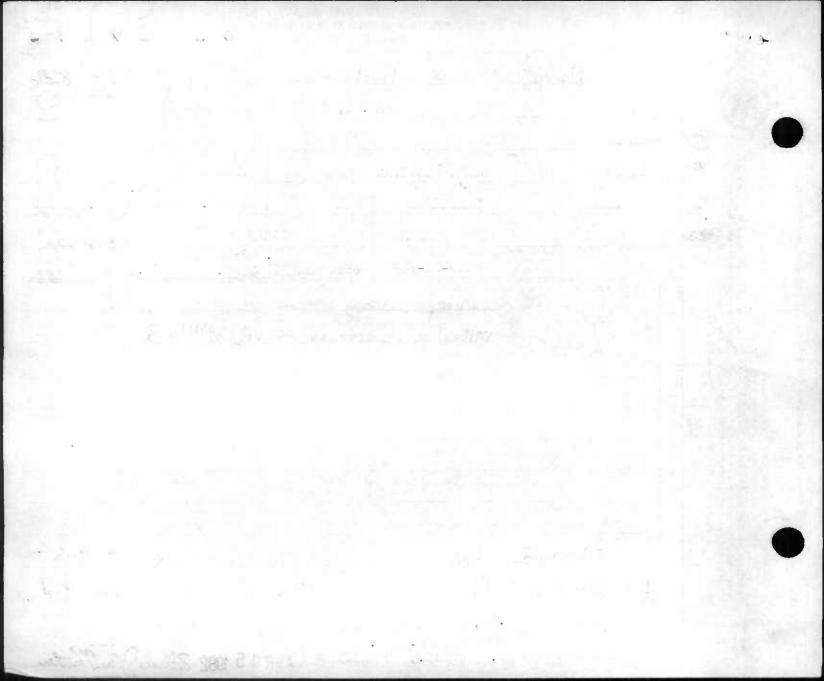
14 4 4 W-12 Party Sec. 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCITAL

	REGISTRAR CEASED NAME	FIRST	Λ "	AIDDLE	_	LAST	REG. N	MONTH DA	AY YEAR	26 HOUR	
		Pavio	BE	NJAMIN	Fi	chsman		4-9	1-82	8:31A	
3 SE	MALE		4. RÀCE WHITE		5 DATE	OF BIRTH N. 1, 1896	6 AGE (IN YEARS LAST B	ONIHS DAYS			
7a. BI	RTHPLACE (STATE OF COUNTRY) RUSSIA	DR FOREIGN 76	CITIZEN OF V		MARRI	ED NEVER MARRIED	9 BALTIMORE CITY BALTIN	86 _{/RS}			
10 CI	BALTIMOR		1. NAME OF H	OSPITAL, NL H FACILITY, GIVE S INAI H	URSING HOME STREET ADDRESS) OSPITAL	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF TAILOR	TION OF WORKING LIFE)		E BLISINESS C	
	AL RESIDENCE (IF NI STATE MARY LAND	13b COUNT	Y	GIVE RESIDENCE I 130 CITY OR BALT IM	TOWN	13d. INSIDE CITY LIMITS?	130 SIREEI ADDRESS 2500 W. BE	APT ELVEDER	. 512 E AVE.	21215	
14 FATHER'S NAME FIRST MEYER			FÜCHSMAN			15. MOTHER'S MAIDEN NAME FIRST SARAH MIDDLE			UNKA	LAST I,	
16a V	WAS DECEASED EVER IN U.S. ARMED FO			OR DATES)		6510 WICKFI	MR. HARVEY A SEROME			21209	
	Conditions, if or gove rise to i cause (a), sta	mmediote ting the	DUE TO, OR	aitval	EOUENCE OF	.)	CVD, SAM	1x3			
FICATION	gove rise to i couse 101, sta underlying cou	y, which mmediote fing the use lost	DUE TO, OR (b) 10 DUE TO, OR (c) DUDITIONS CO	AS A CONS	EQUENCE OF	.)		NDITION GIVE	N IN PART 11c	IGS USED	
AL CERTIFICATION	gove rise to i couse (a), sta underlying counderlying counderlying Counderlying Counderlying Counderlying Countributing Countrib	ny, which mmediate fing the isse last. GNIFICANT CO RATION INDERLYING CAUSE OF DEATH	DUE TO, OR (b) 11 DUE TO, OR (c) NDITIONS CC 196 CONDITIONS 216 TIME OF HOUR A.A.	R AS A CONS R AS A CONS TION FOR WITH THE PROPERTY OF THE PR	EQUENCE OF TO DEATH BU HICH OPERATIO DAY YEAR	T NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED	
MEDICAL CERTIFICATION	gove rise to i couse (a), sta underlying counderlying counderlying DATE OF OPER 19a DATE OF OPER 21a. ACCIDENT WAS LOW CONTRIBUTING (IF EITHER, NOTIFY MIZELE IN JURY OCCU.	my, which mediate ting the use last. GNIFICANT CO RATION UNDERLYING	DUE TO, OR (b) 10 DUE TO, OR (c) 19b CONDITIONS CO 21b TIME OF HOUR A.A. 21e. PLACE C	AS A CONS ONTRIBUTING TION FOR WI FINJURY MONTH M. DE INJURY	EQUENCE OF EQUENCE OF TO DEATH BU	T NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED OF DEATH?	
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OHMH - 16 50M 1/81 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

		FOR
ı	*	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CENTIL	TCATE OF DEA	In	REG. NO	D. 1		
1. DE	CEASED NAME FIRST	MIDDLE		AST			MONTH	DAY YEAR	2h HOUR
	HILEN		Ful	lwand		4/1/82	Arril	157 82	2. 40 Pu
3. SE		4. RACE	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT	'HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Black	11	12	22	59	YRS	MONTHS DATS	HOURS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MAR	RIED [9 BALTIMORE CITY O	R COUNT	OFDEATH	
Lyn	nchburg, S.C.	U.S.A.	WIDOWE			Ва	altim	ore Cit	y MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME	OR OTHER INSTITU	TION	120 USUAL OCCUPATIO	NC	12b. KIND C	F BUSINESS OR
	Baltimore	LUTHER	RAN HOSP	ITAL		TYPE OF WORK FOR MOST OF	WORKING LI	FE) INDUSTRY	
130	AL RESIDENCE (IF NURS COULT COULT	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS			
	MD		imore				Pres	bury St	reet
14 F/	ATHER'S NAME	MIDDLE LAS		15 MOTHER'S MA					
	Luther		wood	E11	a	WIDDLE		A LAS	SI .
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS		
	No No	251-26	5-5811	Annie	L. Fu	lwood 18	303 P	resbury	St.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b1, and (c1.1					BETWEEN	MATE INTERVAL
		TE CAUSE (o) CAI	ROITC	ARREST	'				
	5/28	DUE TO, OR AS A CONS	SEQUENCE OF						
	Conditions, if ony, which		FEPATI	C FAI	LUR	6		1000	
	gove rise to immediate								
100	underlying couse lost DUE TO, OR AS A CONSEQUENCE OF								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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AT	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO			20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
Ē						YES TO NOT	IN CERTIF	YING CAUSES	OF DEATH?
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	OR CONTRIBUTING CAUSE OF DE					TENTER HATORE OF HISOR		Ant t Okt Akt 2)	
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M.	19	211 LOCATION					
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	AT WORK		6.1	2 1 1	0.0	1. 1. 1		0.0	
	22a. L certify that (I) (this hospi			1	982	leath occurred on the do			that (I) (we lost
		t) view the body after death.			/ оргнюп о	leath occurred on the do	te and hou		
	22b. SIGNATURE	1000	- S - V	DEGREE	NDING	MEDICAL STAF	e	22c. DATE	SIGNED
	PHYSICIAN DIRECTOR PHYSICIAN								
	22d PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS A LUMEN HORAL.						- 1		
	11.2.4	SHOK,		1730,	HSbu	mtonst.	1.n.	17 more	212/6
	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		1100	
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24 FL	UNERAL DIRECTOR				250. DATE	REC'D. BY REGISTRAR	56 NE GIST	RAR'S SIGNAL	
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1101 E. North Ave.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

